Magazine Committee 2017-18 | MAY 2018

CALLOSUM 18′

Th-e-Magazine

HYGIENE
Cheerful
Achieve
Spirituality
Laugh
Routine
DIAGNOSE
Fitness
Women's health
Progress
Mental health
Hypertension
Nutrition
Vegan
Peace
PREVENTION
Balanced diet
health coverage
Diabetes
Immunisation
excersise
selfcare
Love
meditation
lifestyle
Research

COLLEGE MAGAZINE 2017-18
KARNATAKA INSTITUTE OF MEDICAL SCIENCES
HUBBALLI

ABOUT THE NAME

The name CALLOSUM took its birth from the medical term “Corpus callosum” which is the connecting band between left and right halves of the brain and is the superhighway for learning.

Life in KIMS is not just limited from dissecting the human body to drawing blood of patients or dressing their wounds. It is far beyond - they nurture our talents , let it be arts or literature ; encourage and support physical activities ; make the person more of a social being by organizing events on respectable days ; and at the same time conserve the academic smartness of medico in him.

This magazine is a short collection that show this bigger idea behind that forms the superhighway for learning in KIMS - The connection of arts , sports, literature, social events and medical knowledge -- Hence the name .

. . . .

ABOUT THE COVER

In view of our current scenario and the next couple of years to come, we believe that addressing our lifestyle habits and its detrimental consequences on our health is the need of the hour. Diseases owing origin to our lifestyle changes and habits are shooting up in number and awareness to turn over this situation is essential.

The cover of Callosum 2017-18 e-magazine is a small step on our part to throw light in this regard. A meditating mortal with an aura of calmness and peace is a representation of the well-being today’s world needs to work towards in terms of lifestyle and in a broader sense, health.

We must stride towards this change with determination and every step will make a difference in our physical, mental as well as spiritual health.

CALLOSUM 18′

Th-e-Magazine

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI.

FOREWORD

NOTE FROM THE DIRECTOR - DR. D.D. BANT

I am elated to witness the release of Callosum 2017-2018, an interactive e-magazine and the first of its kind in the history of KIMS.

The magazine, has aptly portrayed and highlighted the issues dominating the foreground of Lifestyle and Diseases. In addition to the Medical aspect, the Art and Literature segments have been the perfect release for the thriving, innovative minds of our staff as well as students.

I applaud the Magazine committee for its unique endeavour and hope for its dedicated work to continue in the upcoming year.

I wish the students a happy reading and prosperity in all their future ventures.

FOREWORD

NOTE FROM THE PRINCIPAL. - DR. K.F. KAMMAR

On this occasion of Valedictory & inaugural function of students' association, it gives me immense pleasure to formally introduce Callosum, the Annual Magazine 2017 - 2018.

The magazine, themed 'Lifestyle and Diseases' throws light on the revolution of human population, it's untoward effects on heath and the consequent increasing scope and burden in the field of medicine. In addition, this digital magazine has been a platform for the creative, enthusiastic minds of the Karnataka Institute of Medical Sciences to express themselves and showcase their brilliance in terms of Science, Arts and Literature.

I congratulate all the staff and students for their contributions and commend the editorial team for their hard work, innovative ideas and the launch of Callosum 2017 -2018.

I wish you all a delightful reading experience and success in the days to come.

CHAIRPERSON

Dr. Asha B Patil
Professor and Head of the Department of
Microbiology, KIMS, Hubballi.

Centered on the theme 'Lifestyle and Diseases', the magazine is an eye opener about the emerging health trends and diseases we encounter as we speed-ball towards a globalized world. Callosum also encompasses a variety of material related to the field of medicine, literature and fine arts and has been the perfect platform for the community of KIMS to express their views and talents.

> IT HAS GIVEN ME UTMOST PLEASURE TO MENTOR THE MAGAZINE COMMITTEE IN THE LAUNCH OF CALLOSUM 2K17-18,
> AN INTERACTIVE E-MAGAZINE COME TO LIFE AS A RESULT OF THE UNIQUE INITIATIVE OF THE EDITORIAL TEAM.
> I CONGRATULATE ALL THE STAFF AND STUDENTS WHO HAVE CONTRIBUTED AND LOOK FORWARD TO YOUR INCREASING PARTICIPATION IN THE YEARS TO COME.

VICE CHAIRPERSON

Dr. Sameer B Mangalwedhe
Assistant Professor, Department of Psychiatry,
KIMS Hubballi.

> “
>
> STUDENTS LOOK FOR INTERACTION. THEY WANT IT, THEY CRAVE FOR IT.
> IT GIVES ME IMMENSE PLEASURE TO PUT BEFORE YOU CALLOSUM 2K17-18, AN INTERACTIVE E-MAGAZINE, WHICH SHOWCASES LITERARY & ART WORKS BY THE STUDENTS AS WELL AS THE STAFF.
>
> I WOULD LIKE TO TAKE A MOMENT TO CONGRATULATE THE EDITORIAL TEAM & THANK ALL THE STAFFS & STUDENTS FOR CONTRIBUTING TO THE MAGAZINE & MAKING IT A REALITY.

As a part of today’s generation, I have been surrounded by advances in digital technology. Today technology is advancing at such a rate that the traditional way of teaching & learning are not pushing students & teachers to their full potential.

Today a student studying in a rural setup can communicate with experts in various fields, with technology there is no rural-urban barriers any more.

You can easily carry 1000 books in your mobile phone. What fascinates them more is the tremendous amount of info available at the click of the button. Large number of videos & images available over the net helps us learn better by appealing to all our senses. It helps us picturize what we learn & we know picturized memory is better form of memory. Now, what else does today’s generation want from Technology?

STUDENT EDITORS

SANTOSH KANNAN

“The main purpose of the magazine is to exhibit the potentials of our campus Insiders to the public.
It was stressful, tiresome & was a fun experience too.
In 3 months of work , our team rendezvoused for the material discussion & mapping the magazine .

We introduce this new interactive magazine to our campus where readers can access special buttons and QR codes where they can re-direct themselves with a tap instead of scrolling all way down.
We concentrated more on designing to keep the reader more engaged in what they read .

Phase III/II, Advitiyas.

PRERANA GURUPRASAD

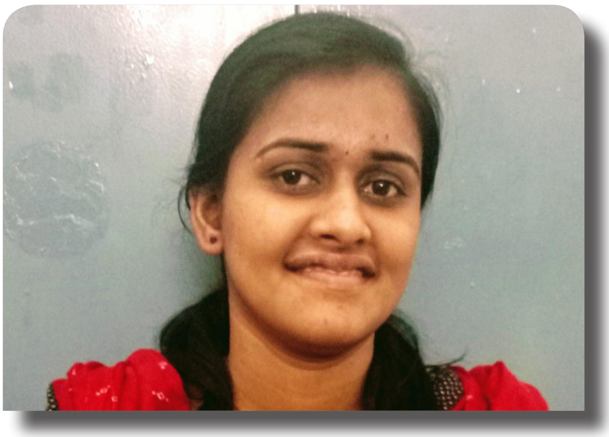
“Quoting Earl Nightingale, “Everything begins with an idea”, the annual magazine of 2017-18 was just an idea months ago. It slowly has transformed into ‘Callosum- Th-e-Magazine’, an amalgamation of literature, health, technology and creative talent, and being a part of this experience has always been insightful !
The goal was to bring out something new, different and interesting.

Every small detail you see inside this magazine, the whole team has worked in unison to build all of this from scratch. I’m grateful to whole magazine team without whom all this wasn’t possible. The magazine wouldn’t have been what it is without its contributors, you bring life to it!
And finally the readers, hope you enjoy reading the magazine as much as we did making it!
Phase III/II, Advitiyas.

VIKRANT GOENKA

“I had an obsessive interest in telling stories from a very early age but I had not been able to write for days. This magazine just rekindled that interest. I feel all of us should pen down our thoughts & share it.
Phase III/II, Advitiyas.

MADHUJA MADHAVAN



“Choosing a name for the magazine took discussion of almost a month. From a huge list of names , ten to twelve were shortlisted - again it was cut down to four - of which best two was selected. At the final discussion table, all of a sudden an entirely new word striked us which was never in our heads before. And it was “final”THE CALLOSUM

Phase III/II, Advitiyas.

SUMIT AGARVAL

“ It was a nice experience as we get to canvas our thoughts on a paper. The meetings for the discussion of the ideas were the highlights as we get to know everyone’s ideas, thinking and personality and it was a great way to bond as a group.

This magazine gave us opportunity to know the talents our college so it is a means of connection with every single heart in the college.

Phase III/I, Avyukthas

“ Making of this magazine holds a lot of memories that would be cherished heartily by us. I have grown through the process and working under such guidance has given me immense pleasure. Lot more to come !

Phase III/I, Avyukthas

CHANDINI DEVI

AJIT DHUMALE

“ It was really very exciting and fun in preparing the magazine. All the things including the weekly meetings, writing of articles, typing, discussions and debates were fun. We go a lot to learn from it. I’d like to thank the teachers and seniors for guiding us all the way.

Phase III/I, Avyukthas

“ Being a part of the editorial team for Callosum 2k17 has been a great work experience for me as well as a string of unforgettable memories. It’s been awe-inspiring brainstorming with so many people with such varied creativity and opinions. From the mandatory monday meetings to all the chaos, fun and hard work that led to this publishing, I’m grateful for having gotten this opportunity.

Phase III/I, Avyukthas

ABINAYA VENKATESAN

ADNAN RAFIQ

“ This process of the making of the magazine, has been an experience that I’ll cherish for life. Working as a team to achieve this goal has been the best part. Being a part of the designing team, with limitations of technical experience, I realized that achieving is always a consequence of trying and trying and not giving up.

Phase III/I, Avyukthas

SUGHOSH MUTALIK

“ There was an idea, to bring together a group of remarkable people. To see if we could become something more. Well this group became ‘The Magazine Committee 2017-18’ and CALLOSUM 18’ is our brainchild. I think, this magazine is kind of a safe place where people have kept their deepest secrets in the form of words and art. And as of us (the magazine committee), I’m sure that this magazine, and the bond between us will last forever. It was a pleasure to work with such solid people with such beautiful and diverse thoughts, that I think I’ve justified the honeymoon phase of my college life.

Phase II, Atharvas

SRIRAM REDDY

“ The extra hours of work to learn new softwares for the design and formatting was fun and was worth the time ! working out new tasks was fun and challenging.

Phase III/I, Avyukthas

PRATHIBHA P.P

“ CALLOSUM 18’ has been an amazingly joyful ride. Sure with a lot of bumps and bruises along the way, but I’d be lying if I say the destination isn’t beautiful. We came a long way in the making of this magazine. A few friends became good friends and some good friends became best friends. We had our share of laughter, joy, fights and now, I can proudly say, I am a part of CALLOSUM 18’

Phase II, Atharvas

NEHA HUBLI

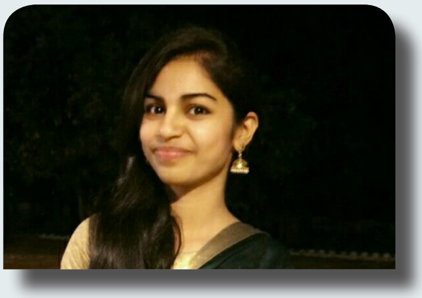
“ A pen is mightier than sword.

Writing for the magazine increased my literary knowledge and the meetings were a lead to new idea and extension of creativity.

This magazine sums up the people, the brains and the core of kims.

Phase II, Atharvas

POOJA RATHOD



“ Well being a part of magazine committe indeed a great experience... Came across So many interesting stuff... from attending the monday meetings to working in the committee in making this magazine from ‘an idea to CALLOSUM 18’. this magazine is a pool of knowledge and will surely enlighten everyone....

Phase II, Atharvas

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CALLOSUM 18'

International Journal of Anatomy and Research,
Int J Anat Res 2018, Vol 6(1.3):4973-76. ISSN 2321-4287
***DOI:** https://dx.doi.org/10.16965/ijar.2017.501*

Original Research Article

ORIGINAL RESEARCH ARTICLES

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ABSTRACT

Introduction: Lateral thoracic artery is one of the branches of second part of axillary artery which arises near the lateral border of pectoralis minor.

Aim and Objectives: To study the variations in the origin of Lateral thoracic artery and note its pattern.

Materials and methods: 54 axillae from embalmed cadavers allotted for dissection were used for the study. There were 22 male and 5 female cadavers, with ages ranging from 60 to 80 years, specimens of both sides were used.

Results: The commonest variation was common trunk for Lateral thoracic artery and Thoracodorsal Artery (9.5%).

Conclusion: The study was carried out to show important variations in the branching pattern of lateral thoracic artery, in order to orient the surgeons performing reconstructive plastic surgery and modified radial mastectomy.

ry, Axillary artery, Subscapular artery, Thoracodorsal artery.

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al Sciences, Bellary , Karnataka, India. Mobile: 09980862722
E-Mail: sampadahemadri@gmail.com

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FUR KILLS

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CALLOSUM 18 | Annual Report

ANNUAL REPORT

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KARNATAKA INSTITUTE OF MEDICAL SCIENCES

CHAIRPERSON
Dr.Kasthuri Donimath

VICE CHAIRPERSON
Dr. S.Y.Mulkipatil

VISOR
Dr. Rajeshwari E

CO-SECRETARY
Mr.Devanand Patil
Ms.Ruchita A.K.

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The articles ' Of the Doctors, By the Doctors and For the Doctors'.

STUDENT MAGAZINE

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Where memories come alive.

EDITORIAL DESK

EDITORIAL DESK

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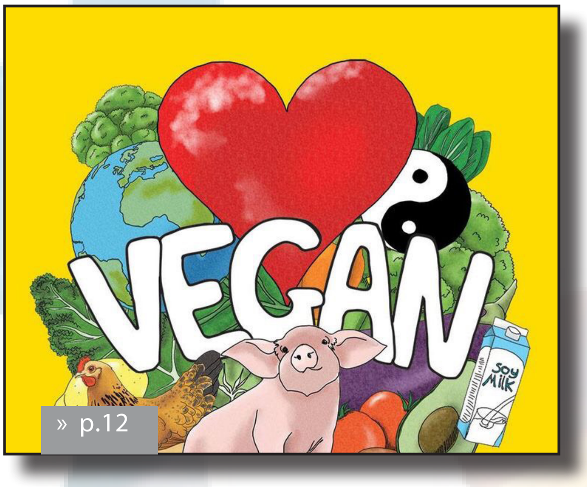
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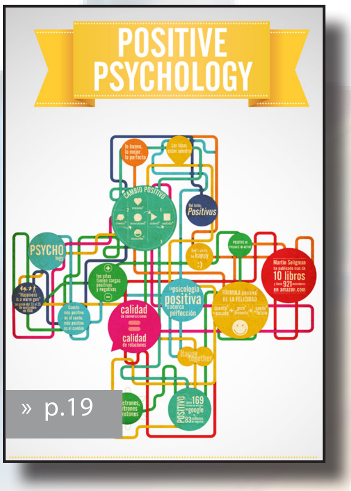
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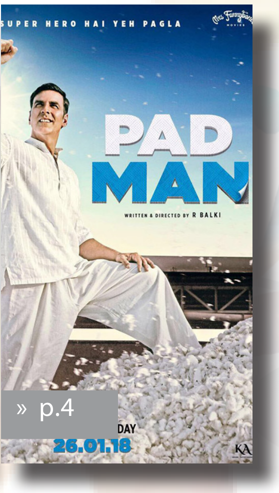
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A healthy lifestyle is the foundation of a good life. While it does not take much to achieve this lifestyle many people these days are unable to follow it owing to several reasons such as professional commitments, lack of determination and personal issues. It takes a good amount of determination to lead a healthy lifestyle these days. However, most people get so caught up with their daily grinds that they neglect and it often takes a backseat.

It's time to slow down and take a look at the way you are living and treating your body. You may make more money, friends and afford the luxuries of life with the lifestyle you are following but you are shortening your lifespan. Take charge of your life and switch to healthy habits while there's still time.

All of us, working in a medical field sometimes do neglect our health issues. Medical students are unable to find time these days for physical activities. Clinicians are being so busy in their practice that they're struggling to maintain proper food timings and family events. More or less, we have been negligent towards healthcare and this might affect us in the near future.

We, the editorial team have realized the need to follow a healthy lifestyle and understand the ways in which it can be achieved. This section features a variety of articles that brief you about various aspects of lifestyle and health. Also, we have put in efforts to update you about emerging topics in the field of healthcare.

HAPPY READING ;)

From the Magazine Committee
2017-18

MATERNAL LIFESTYLE

WOMB TO CHILDHOOD

EDITORIAL

While babies are, by far, the most delightful creatures on earth with pink tinted cheeks, an awe inspiring smile and tiny feet, they also remain the most vulnerable creatures, right from the time of implantation and organogenesis in the womb to subsequent life after birth. A mother, not only gives life to these little bundles of joy but also plays the most important role during childhood development too.

- ### MATERNAL AGE AT BIRTH:

Advances maternal age has risk of genetic problems and stillbirth.

According to a study conducted by Sandra Tang, a U-M psychology research fellow, children of mothers 19 years and older usually enter kindergarten with higher levels of achievement. These kids continue to excel in math and reading at higher levels through eighth grade in comparison to children of mothers 18 years and younger.

- ### PERIOD OF PREGNANCY:

BMI: Increased maternal BMI (normal 20 - 24) increases incidence of pre-term labor and microsomal. Studies also suspect maternal obesity to be related to schizophrenia in the adult offspring.

NUTRITION : Nutritional status can alter the expression of fetal genome, predisposing individuals to metabolic, endocrine and cardiovascular diseases apart from intrauterine growth retardation.

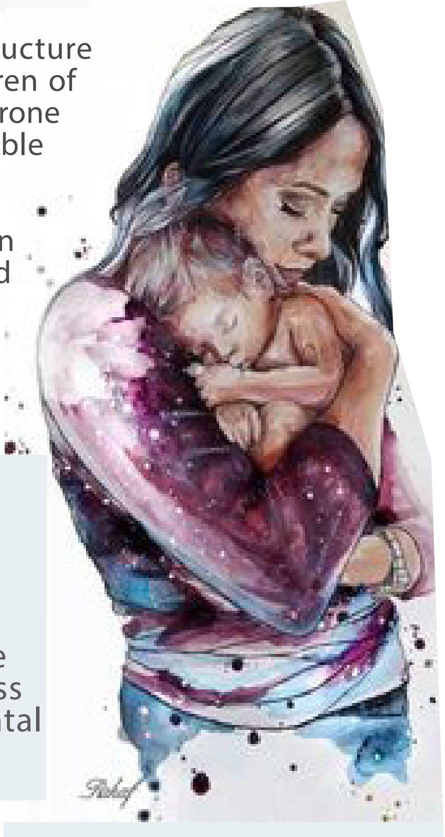
SMOKING : Maternal smoking during pregnancy is associated with foetal growth retardation, low birth weight and increased risk of preterm delivery as well as obesity in the offspring.

ALCOHOL : Low repetitive doses leads to risk of intellectual impairment, growth disturbance and behavioral changes. High repetitive doses may lead to fetal alcoholic syndrome in 6-10% of the cases.

STRESS : Studies also revealed an alteration in brain structure and functions in association with prenatal stress. While children of mothers with high stress levels during pregnancy appear more prone to mood disorders, those of the most anxious mothers had double risk of emotional or behavioral problems

DRUGS : Over the counter drugs taken by pregnant women without the necessary knowledge about teratogenic effects and drug interaction may adversely affect the foetus.

> “With the increase in health programs, awareness camps and involvement of social media and celebrities to reach out to the masses, knowledge of lifestyle modification during pregnancy and it’s benefits are increasingly being recognized by the population at risk. In contrast, the unique, irreplaceable role of a mother in the development of a child after birth is, by far and large, a less approached issue. This is of undue value, especially in mental and emotional developmental aspects.



- ## Maternal Lifestyle:

EDUCATION : According a research published in The Telegraph, maternal influence is the leading factor to determine whether the child will stay at the school, and pursue higher study in the university. In comparison, a father's academic achievements have but a little effect on the child's academic accomplishments. Also, mothers with a higher education and/or were older, were more likely to give their children healthier food.

- ## Employment:

21st century has witnessed a ginormous increase in female employment and is an important factor to be considered henceforth.

According to the comprehensive longitudinal study initiated by the National Institute of Child Health and Development, full-time maternal employment started before the child was three months old was associated with significantly more behaviour problems at the age of 4½ years.In comparison, children whose mothers worked part time before their child was one year old had fewer disruptive behavioural problems than the children of mothers who worked full time.

In single-parent families or those with financial challenges, children of working mothers showed higher levels of achievement and lower levels of internalising behaviours such as anxiety and depression.But in middle class families not experiencing financial burden, employment was associated with negative child outcomes. On the opposite end of the spectrum, maternal depression, more commonly in full time mothers, affects the infants seen as increased likelihood of expressing sadness and anger.

- ## Diet :

Though kids may be told to clean their plates, at the same time, they watch their Mom eat sparingly or omit certain foods because of her latest diet. The Dairy Council of California suggests that such conflicting signals affects the child's future habits considerably.

Frequent dieting habits of the mother inadvertently teach the children that food is an enemy -- which could lead to eating disorders.

The first research project in the world that analyses children's diets combined with both psychological and sociodemographic variables in the mother concluded that mothers who were emotionally unstable, anxious, angry, sad, had poor self-confidence or a negative view of the world were far more likely to give their child sweet and fatty foods.

- ## Exercise :

There exists a positive association between physical activity in children and their mothers – the more activity a mother did, the more active her child will be.

For every minute of moderate-to-vigorous activity a mother engaged in, her child was more likely to engage in 10% more of the same level of activity.

- ## Emotional :

A mother-child bond is key to emotional development.

Dr Fearon proposed what is called an "Attachment Theory". As per the theory, children with a secure attachment with their parents expect and get response, support and love from their parents which is is imperative to build confidence in the child. On the other hand, the children with an insecure attachment with their parents face dejection, refusal, and discouragement that leads to behavioral problems such as anxiety, depression, hostility and aggression later in childhood. Research findings are consistent with these models

A study, by academics from the University of Essex and University College London, published in the Economic Journal, finds that a young child's cognitive and social skills are improved considerably by spending more time with their mother between the ages of three and seven. Moreover it was also found that first-born children tend to benefit more from an early investment of their mothers' time than siblings born after them.

Thus, mothers may play a strong role for shaping overall safety and emotional health.

In conclusion, mothers remain the most important influence on the child not only during pregnancy but also through their lifestyle after birth of the baby. Careful, well thought modifications in lifestyle of the mother could bring about dramatic changes in the child development. It is upto us as part of the medical society to create increasing awareness about such aspects and counsel the population at risk.

> “ But science aside, as Abraham Lincoln rightly said, “All that I am or ever hope to be, I owe to my angel Mother.”

Are we satisfied with our overall health? The chances are that we will say ‘ no’ as sadly very few of us are in truly ‘excellent’ health. How often have you felt exhausted lately, lacking in energy, bloated? Have you noticed dark circles under your eyes? Is it hard for you to lose weight? Do you feel on the verge of collapsing?

If yes, no need to worry, let’s find out why. One of the common reasons for these phenomena are toxins and waste metabolites that get accumulated in different organs of the body.

Effective detox requires giving the body a rest from the daily burden that has gone on for years.

After going through a detox process your body will be able to function more efficiently.

Unfortunately, these days, many people’s detox pathways are blocked which results in toxic buildup and a variety of unwanted symptoms.

Reasons why our detox pathways might be blocked are: poor diet, exposure to pollution , stress and negative emotions, dehydration, lack of proper exercise and self care.

10 DETOX MANTRAS
that can transform our lives:

1. CLEANSE THE LIVER.

Water in empty stomach , papaya, apple and cuts help detox the liver.

2. DETOX THE KIDNEY WITH :

Plenty of water, herbal teas expel toxins through urine. Cranberry and pomegranate juice strengthen the kidneys.

3. EAT RAW TO EXPEL THE FLAW.

Like vegetables and raw fruits.

4. AVOID ARTIFICIAL.

Like diet drinks , packet soups , processed meat , etc.

5. VITAMIN SUPPLEMENTS.

Like B complex vitamins.

6. MINERALS :

A key dietary solution for detox.

7.REHYDRATION.

Take large amounts of fluids like raw fruit juices and green tea.

8. AVOID STRONG TEAS, COFFEE AND CARBONATED DRINKS.

9. AVOID NON - VEGETARIAN FOOD

As it takes longer time to get digested.

10. NO ALCOHOL:

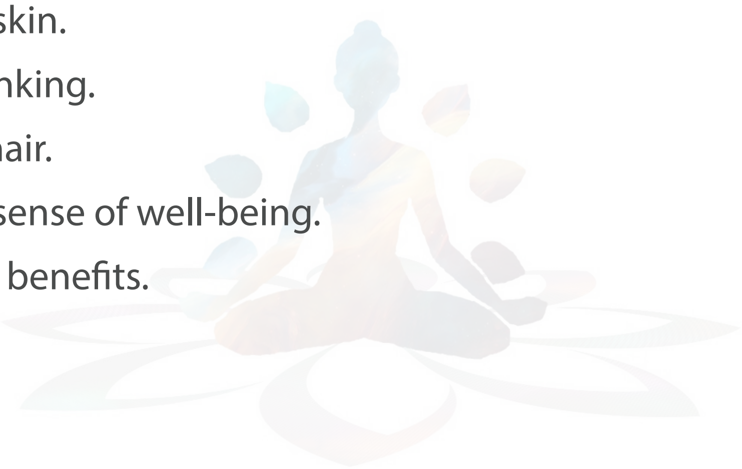
Avoid the old saying of

‘ treat a hangover with alcohol.

> “These MANTRAS can help balance your hormones, increase your energy levels, give adrenals a break, improve digestion, and make you feel joyous, help stop cravings and give you a beautiful glowing skin. You can even experience spiritual and emotional aspects of body cleansing.

Let’s have a brief insight into benefits ::

- Physical and mental benefits.
- Weight loss.
- Boosts your energy.
- Stronger immune system.
- Better breath.
- Improved skin.
- Clearer thinking.
- Healthier hair.
- Improved sense of well-being.
- Anti-aging benefits.



Overall, it’s never too late to bring a change in our sedentary lifestyles and turn out to be cheerful beings.

TeCH LIFE.

Development of technology occur at a very fast pace in the present world and additions are being done in different fields. The improving technology has such a great impact on our daily lives that it is impossible to ignore it's effects. The query regarding it that ran in our mind always is much significant.

VISUAL RESPONSES
market
THOUGHT PROCESS
Info
FUNCTION
business
PLAN 8
TEAM LEADER
BUSINESSMAN
strategy
%

*How technology has changed our lives?? *Is technology good or bad??

Researches in different fields are going on and with each invention our lives become more busy and social. The question of "What is Technology" can be explained as it is the implementation of scientific knowledge in solving our daily life problems which we experience in today's world. The advancing technology doesn't just have a passive role - but is making us addicted to them. The pros and cons of technology depends on the way we use it. They have left a mark in fields of business, education, culture, economy and more importantly our lifestyle. We need to understand how it has brought benefits to us and also how they make life harder.

The involvement of technology is so vast and deep that most of the time we take it for granted. It has changed our lifestyle and mainly our living criteria. Even in the midst of problems of a developing and industrializing nation like inflation, unemployment etc.. we continue to live in a much better situation. This is because of comfortable communication and high flow of information. Most of the changes have made our work more rapid and easy to perform various jobs . The invention of computers and network built up digitalized professional lives. As many as 79% of employees now "work on virtual teams" be it email, online collaboration, messaging or video conferences . They have saved people from undergoing long and hectic procedures.

In the field of education, students all around the world are at much ease and comfort because of the availability of online study. Any degree of the desired course can now be attained online. Almost 3.5 million students were taking at least one online course during 2010 period.

There has been nearly a ten percent increase in that by now. The 9.7% growth rate for online enrollments far exceeds the 1.5% growth of the overall higher education student population. Also, today there are more than 80,000 education apps available for download. 72% of those are aimed at toddlers and preschoolers. But while the parents and the app developers have obviously embraced the tech education revolution, a recent report by OECD shows that the link between technology and educational performance is murky at best.

Even the health and medical facilities improved a lot and researches resulted in foundations for biological control of diseaes. To put the progress in perspective, a full human genome sequence cost was $100 million in 2002. Today it can be done for less than $1000, by 2030 it may cost less than a cup of coffee.

Another big creation is that of the social media . Controversies are much bigger regarding the overall effect of these social medias , whether they have good effect or ill effect on people. Dr. M.K Sharma , additional professor at SHUT(Service for Health Use of Technology), India's first tech deaddiction clinic at Nimhans, says ultimately, whether social or not depends on preexisting psychological distress and personality factors such as introversion.

> " People also feel positive online - they are able to connect with old friends and get socio- emotional support. Social media is a good place to vent, but it becomes worrying issue when it is used as the only ' coping method ' for personal problems" he says. The clinic has come across several instances of youngsters suffering from OCD as well as other psychosocial dysfunctions such as social anxiety, insomnia, depression etc.. due to excessive use of internet.

Using the technology in a wrong way may lead to creative destruction. Technology has created a whole new set of global security concerns. The thoroughly modern phenomenon of cybercrime and economic espionage is estimated to cost the world more than $445 billion every year. That's roughly 1% of global income. And while it has not happened yet, the fear that cyberattacks can spill over and trigger real-world conflicts remains an ongoing concern.

Certain advancements has caused great damage to environment. For example, Fuel is very important that has been used to bring up many oil resources. Hence there is faster depletion of of natural resources. Another major trouble we come across is toxic chemicals released by industries that fill up our air, water and soil. Insecticides, gas emissions, oil leakage in water, Garbage from factories has all made an effect such that the air we inhale is not pure and the water we drink is not clean.

Researches have found evidences that people who overuse technology may develop similar brain chemistry and neural patterning to those who are addicted to substance. Brain scans of young people with ' Internet Addiction Disorder' were found similar to those with substance addiction to alcohol , cocaine, and cannabis.

Technology has also changed the face of modern warfare.The Pentagon estimates that China will build nearly 42000 drones by 2025. Others will follow suit. Yet another possible complication. There is leading risk to emergence of wars that can cause huge loss of humanity to planet.

The lifestyle changes brought about by this has even contributed to many ill effects on health of people.

The ‘ world in one finger touch ‘ has made the society accept more of a sedentary lifestyle. Both physical and mental health is being affected by this.

The technology has given us the chance to make changes in our lives either way.
So it totally depends on us to decide that “ Is technology good or bad?” by considering how we implement it in our lives and how much we allow it to cause an impact on our lives.

ALLERGIES !

AND THEIR MYTHS ..

> “ How often have you come across instances when you badly want to hog on the favourite peanut butter that your mom bought last night, but you cant! Credits: Allergy. Or when you are about to experience breathtaking moment of breeze chilling your soft skin but you end up with red hot rashes. Thanks to Mr.Allergy”

Allergies have always been an ignorant matter of concern and the myths associated with it make a lengthy list . Nevertheless to be explicit few myths are deciphered below.

IT’S JUST A COLD NOT AN ALLERGY!

Every sneeze is a reflex of our angry immune system dragging the little demons out. Well how often do we not get confused if the drooling nose is just a mere common cold or an allergy?There are certain indications you need to note to clear the dust off the confusion. Sneezing, runny nose and stuffy nose are common to both of these conditions. While other symptoms of cold like general body ache,fever and sore throat do not accompany an allergy. Itchy and watery eyes, rashes,hives,fullness in ear,abdominal pain,bloating,vomiting,shortness of breath and long duration cold which occur suddenly or during at a particular time of the year are other indications of an allergy.

EATING A LIL BIT WON’T HURT!

When it comes to management of allergies the first and the foremost thing you are asked to do is to decrease the exposure to the allergen. This is because the allergic reactions are varied and totally unpredictable.Its either a good bye to allergen or hello to anaphylactic shock which is best treated with doses of epinephrine and monitoring of the other vitals.

ALLERGY TESTING IS A WASTE OF TIME AND DANGEROUS!

The plight of people with allergies in order to seek the allergen plus a proper relief to it is a very long story indeed. It took almost an year and a half for my uncle to spot the foods he was allergic to(meat,banana and nuts).A rash commonly is the first complaint you all would quote to the doctor. So based on the symptoms and observations described by the patient and something called as skin allergy testing the diagnosis is made. A skin allergy test is done either by a skin prick test in which a minute amount of allergen is injected into the skin (mostly forearm) that produces immediate reactions or by a skin patch test in which a patch containing allergen is pasted on the back which produce delayed reactions and need monitoring. Development of a rash for a particular allergen doesn't mean the person is allergic to all or that particular allergen only. The negative results that help ruling out an allergen aid more in diagnosis.Also the blood tests that estimate the level of IgE antibodies and the size of wheal produced helps to predict the severity of the allergy.So as you can see patient cooperation and observations make a

ALLERGY HAS NO TREATMENT AND IS A LIFE LONG THREAT!

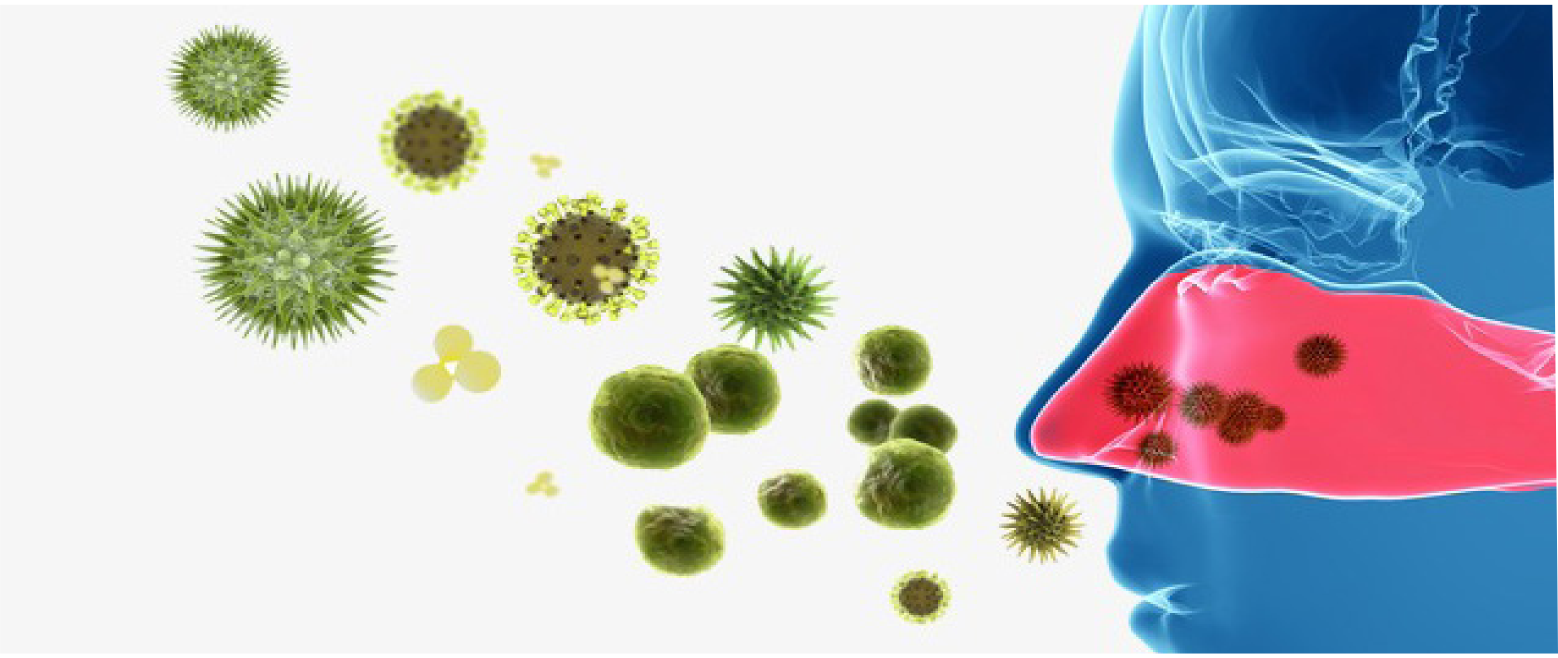
As far as the medications are concerned the first drug that genuinely flashes is "Cetirizine". It is an Antihistaminic drug which are the first line of drug for allergies. Other medicines like Leukotriene inhibitor (Montelukast) and Mast cell stabilizers (Cromolyn sodium) are used to cut down on symptoms like sneezing,itching, eye allergies, runny nose and inflammation in the airways. Anticholinergics and decongestants can also be used for symptomatic relief. Allergy shots are something which will make you more prone to the allergen and make the symptoms less frequent,but are not a cure.Allergen immunotherapy is something that aims on injecting large and large doses of allergen into the body to change the immune response itself. This is currently effective in curing cases of environmental allergens, allergy to insect stings and allergic type of asthma.

ALLERGIES ARE A NUISANCE AND ARE ALL IN THE MIND!

Drugs are not acceptable and people always tend to seek some natural home remedies. Isn’t it? Well naturals could work to soothen your feelings about the allergy but drugs are a must to keep your immune system under check! One such kind of natural remedy is using Essential oils derived from plants in diluted forms. Either breathing the oils’ scents (aromatherapy) or applying them on to the skin or incorporating the oil in the water we bath. Lavender, Sandalwood, Eucalyptus oil, Peppermint and Lemon oils are in use for their known anti-inflammatory effect. These are safe to use in people who do not have allergy to these.Individuals with allergic type of asthma can do some breathing exercise aided with physical exercise apart from using inhalers. They are safe to workout under check and need not be sedentary.

FOOD ALLERGY = STARVATION!

Next consideration of an individual,especially the ones with food allergy would be diet. Garlic(natural antibiotic),lemons and limes (citrus fruits-produce alkalinity), green leafy vegetables (vitamins,minerals and detoxificants), probiotic rich foods like yogurt can boost our immune systems and bring balance by repairing the exaggerated responses. Individuals allergic to cows milk can intake coconut milk instead which is free of lactose, soy, nuts and grains. And the ones with the renowned allergy to peanuts can consume almond butter and seeds instead. One tablespoon of Local raw honey consumption can help you build tolerance to local seasonal pollen that irritate your nose!



SAY NO TO DOGS : THEY ARE ALLERGENS!

Well don’t we all love pets? Dogs especially. So it is not the dog or its fur that is an allergen but is the danger, skin and body proteins of that animal present in its saliva, urine and skin that makes you sneez. The white flakes which it shookes away, those are the culprits.

DUST ALLERGY!

It is the powdered faecal pellets of house mites and cockroaches that act as allergens and not the dust or sand particles.

> Myths and Medicine fulfil a similar function : they both provide human beings the representation of the world and of the forces that act and govern our body.
> For every myth pushes medicine to march two steps forward!

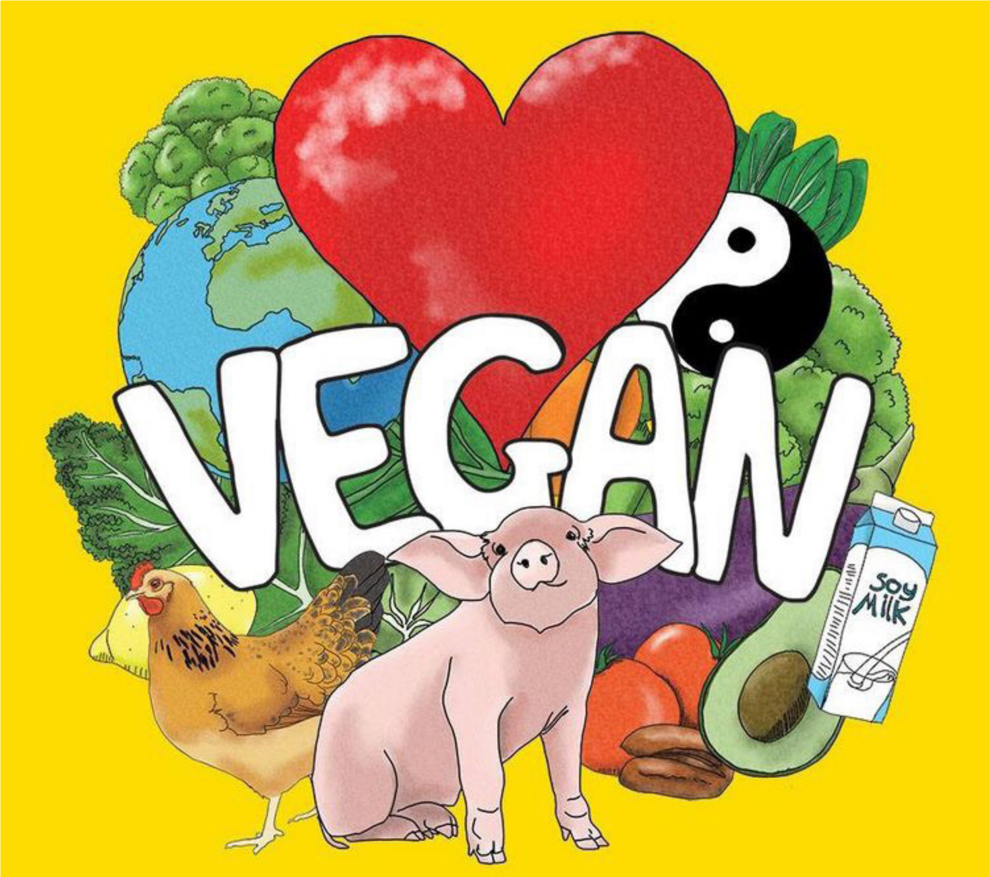
VEGANISM

BE kind TO every KIND

As Indians, vegetarianism is deep rooted in most of us due to our culture and religious backgrounds. But these days, a lot is being spoken about veganism, as more celebrities and notable public figures are taking up the vegan life.The mistake probably most of us do very often is confuse vegetarianism to being vegan. Vegans are actually a segment of a larger population of vegetarians.

Well, veganism is not just about what we eat. Veganism is a lifestyle on its own. The vegan society, which was set up in 1944 has the following definition of veganism, "Veganism is a way of living which seeks to exclude, as far as is possible and practicable, all forms of exploitation of, and cruelty to, animals for food, clothing or any other purpose." Hence, as a vegan not only do you consume a plant based diet, you do not use milk and its products, egg and honey in your diet. You give up on leather, wool, and silk as items of clothing. And if you're into makeup, you use cruelty free makeup. It also includes not visiting zoos and circuses where they have animal shows.

Sounds tough? Well, as a vegan you contribute a lot to the planet, the animals, and fellow human beings and to yourself, hence it's all worth it! A good samaritan is what you transform into. The idea is to show compassion towards fellow beings while you bring about a positive change in your own life. Veganism remembers man's responsibilities to the earth and its resources and seeks to bring about a healthy soil and plant kingdom and a proper use of the materials of the earth. As a vegan you step towards sustainability. It has also led many people to take up organic farming. The inspiration to create the idea of veganism was born through the concept to ending the suffering and slaughtering of animals. Veganism is against the delinquent farm conditions and unethical killing of animals. Also, the PETA approves of the vegan life.



But what are the health and lifestyle benefits of turning into a vegan?

Turning into a vegan makes you more mindful about what you eat. In the process you replace your normal food with plant based food which is generally richer in certain nutrients, antioxidants and fibres. Healthy vegan diets are abundant in potassium, magnesium, folate and vitamins A, C and E while also being low in cholesterol and saturated fats.Since diet is an important modifiable risk factor in majority of non-communicable diseases, a vegan diet has a major role to play. Studies affirm that a vegan diet has significant effect on weight reduction, have a protective effect on cardiovascular diseases, are known to reduce blood sugar levels and reduced incidence of cancers. But poorly planned vegan diets may provide insufficient amounts of essential fatty acids, vitamin B12, iron .

The crux here is to strike the right balance, to plan what you eat, use fortified food replace the deficit.

Most of what I know about veganism comes from social media and the internet. I had the pleasure to contact Dr. Swetha Devraj, a vascular radiologist and fitness coach at national corps fitness gym, Bangalore. She is an inspiration for many, she speaks a lot of about veganism through her feeds on Instagram. Through the following questions-answer session, let's take a glimpse of the vegan life,

1. What changes has veganism brought in your life?

Veganism has brought a sense of discipline in my life. Eating plant based food has made me feel very clean from the inside. I don't feel like I have anything artificial in my body and I have never felt stronger plus the fact that no animals are hurt gives me that sense of peace and the fact that I am contributing towards saving the planet is the best feeling ever.

2. How easy or difficult is it to be a vegan?

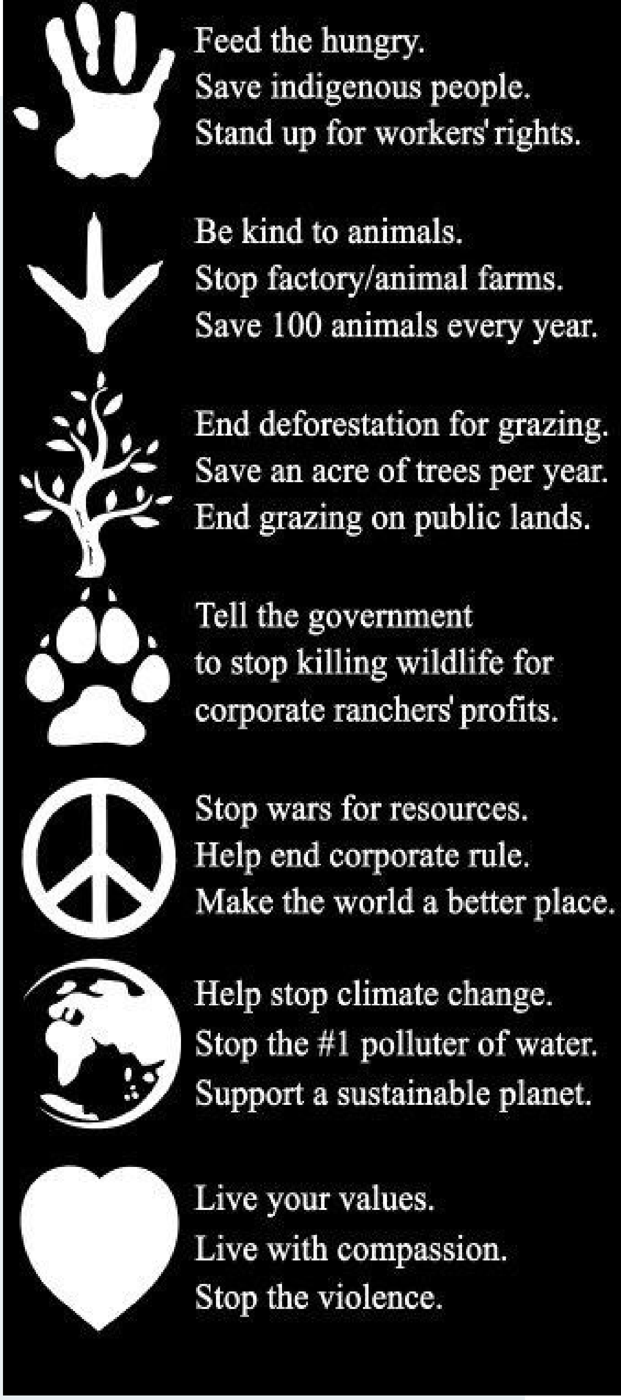
Nowadays it's actually not too hard to be a vegan. It's the mind set that makes it hard for people and the habit of eating meat for years makes it hard to break it. But there are many many options to eat vegan or vegetarian food everywhere. The community is growing so even when you travel outside India you will find a lot more vegan options in restaurants.

3. What are the Vegan replacements for the normal Indian food?

There isn't any special replacements as such as long as you cut dairy products and Meat. Instead of dairy you could use almond milk, coconut milk, soy milk, tofu etc. instead of butter and ghee, coconut oil sunflower oil or even almond oil can be used. A lot greens, pulses and sprouts can be eaten instead of meat for protein.

Dr.Swetha Devraj

vascular radiologist and fitness coach


Feed the hungry.
Save indigenous people.
Stand up for workers' rights.
Be kind to animals.
Stop factory/animal farms.
Save 100 animals every year.
End deforestation for grazing.
Save an acre of trees per year.
End grazing on public lands.
Tell the government
to stop killing wildlife for
corporate ranchers' profits.
Stop wars for resources.
Help end corporate rule.
Make the world a better place.
Help stop climate change.
Stop the #1 polluter of water.
Support a sustainable planet.
Live your values.
Live with compassion.
Stop the violence.

4. How to follow veganism in places where access to store bought vegan food is difficult?
It's actually easier to make vegan food at home. You never have to buy it from outside. It's the regular Indian food like rice, dal and subzi except dairy is not used.

5. How to avoid deficiencies while taking a vegan diet?
We have to make sure our vitamin D3 and B12 levels are good and there are plant based supplements one can take if they are deficient. Most plant based foods like nuts, almond milk, greens, mushrooms, and tofu are rich in vitamin B and D.

6. As a doctor what is your outlook towards veganism?
I think it's the healthiest choice anyone can ever make. I would recommend it all my clients and patients any day to go vegan.

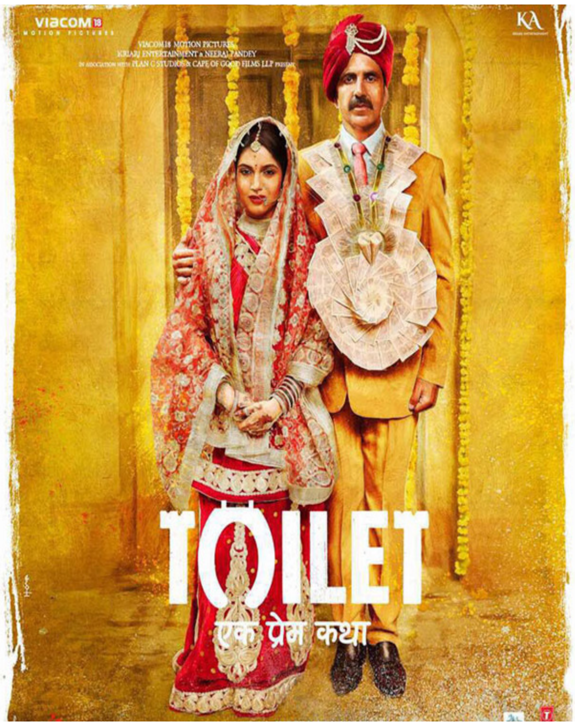
7. Any contraindications for veganism?
Like I mentioned earlier as Meat and dairy consumers we are used to getting our vitamin B and D from Meat or dairy, so as long as we take care of that part by mindfully eating plant based food that are rich in the vitamins and iron we should be good.

8. Your advice to a new vegan.
If you are aspiring to be a vegan, Start slowly, and cut things one by one and not eliminate everything from day 1. Give your self some time to think about how you would want to plan your meals. This is only in the beginning though, after a couple of weeks this becomes a habit and you will be on auto pilot. Read a lot about vegan foods. Don't be preachy to everyone you meet. Let them think about it and do it on their own. One thing that keeps me going is how I am contributing towards the environment and towards saving the planet and not contributing towards what goes into animal agriculture industry.

The whole idea behind this write up was to bring to light the known and unknown of veganism. If you want to give this lifestyle a try you can sign up for the 30 day vegan pledge on Vegan Society website. Veganism teaches us to take care of ourselves and our surroundings. Veganism is probably helping us take little steps towards a better world we always dreamed of.

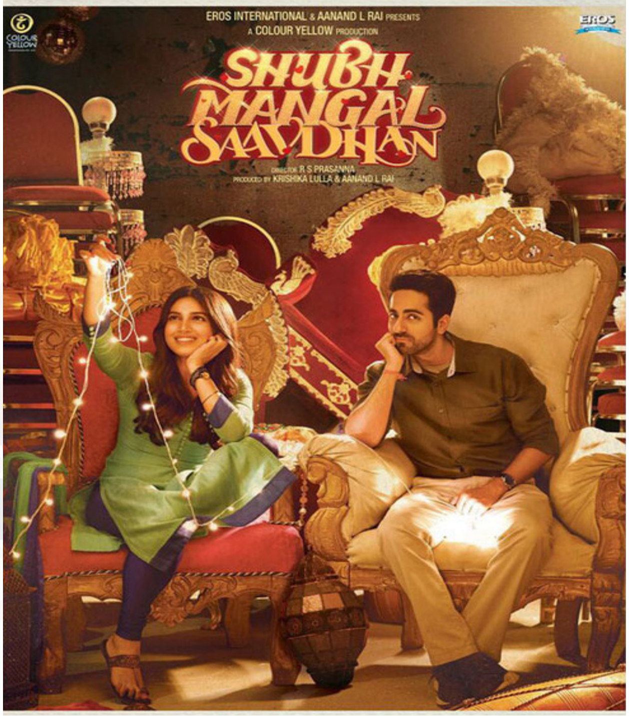
INFLUENCE OF MOVIES ON INDIAN HEALTH TABOOS

India, a country where a person's life revolves around the rituals and religious taboos, where rituals matter more than a person's health. Advancement in different fields has been made but the population is either unaware or doesn't want to change as it abolishes with long standing practices. Many schemes and campaigns started by government and NGOs seems to produce a subpar effect on reaching out to the population. Recently, Bollywood started a trend of taking up these social issues and project them on the big screen. Let's see



TOILET – EK PREM KATHA

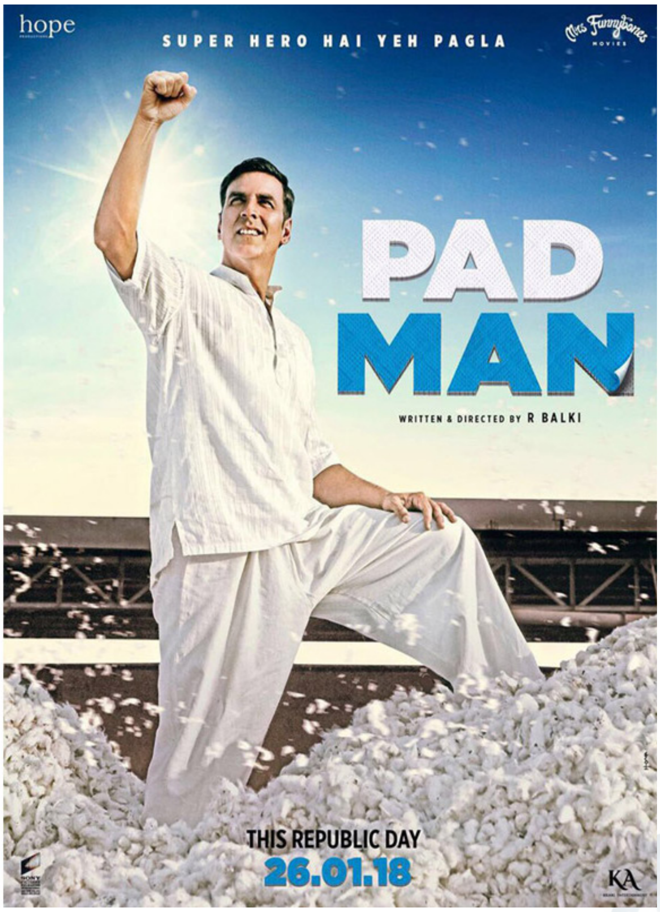
Deals with story of a wife leaving her husband's house due to improper sanitation facility. The movie reached a wider range of population and gets a positive response as many women filed divorce after the movie's release for the same reason. The movie also effected the social norms where the people were against building toilets inside their houses using religion as their shields. In many places the number of toilets increased since the movie. It was widely become clear among the population about the health related problems caused due open defecation. A wide group of population is now going towards the proper sanitation facilities now.


EROS INTERNATIONAL & AANAND L RAI PRESENTS
A COLOUR YELLOW PRODUCTION
EROS
SHUBH MANGAL SAAVDHAN

SHUBH MANGAL SAVDHAN

Deals with stigma about the male sexual health issues. India is a country where manliness is widely judged on the basis of a man's ability to produce a child to continue his family and when a person deals with a problem like erectile dysfunction he is ridiculed in the society. The movie dealt with the stigma of sharing such problems with peers and parents. It shows how a person is taken to quacks for the cure of such problem instead of seeking medical help. The movie has a positive impact in normalising the stigma and many people have approached the medical centres for the long standing problems that before they were too ashamed to approach for.

PADMAN



Deals with the stigma related to menstruation and what a male member of the society deals with if he tries to make the situation better. In India, periods is such a big stigma that a woman on her periods is marked as impure and she isn't allowed to go in the kitchen, temple and not even allowed to touch the utensils in which food is going to be served. If a male member of the family comes to know about the ongoing periods it is taken as a thing to be ashamed of. How a man who tries to improve the situation is thrown out of society for even talking about the same. A wide scale audience was influenced by the movie and many women come ahead to break the social norm. In many places sanitary napkin dispensers were installed, free sanitary napkins were distributed and people participated in normalising the stigma of talking about the same.

This initiative by Bollywood of taking up the social stigmas and fighting them has shown positive results and has been appreciated by both urban and rural population. These movies tried to make them as realistic as possible because of which a wider range of population was able to relate and thus gave a positive response. Also Bollywood, instead of considering as a movie making factory, is like a religion in itself to many people. Thus, when a well-established personality depicts some situations like this it affects a wider range of population and helps in normalising the situation. If Bollywood keeps making such movies it will be helpful in fighting the social stigmas thus improving the health as well as condition of different factions of Indian subcontinent.

VIEW ON PSYCHIATRY

INTERVIEW WITH DR.MAHESH DESAI

Psychiatry has been an emerging field of medicine past few decades. It focuses specifically on the mind, aiming to study, prevent and treat mental disorders in humans. It's known to be intermediary between the world from a social context and the world from the perspective of those who are mentally ill.

> Today we have Dr. Mahesh Desai, renowned psychiatrist, with us.
>
> As affluence increases, as people no longer have to bother too much about food, clothing and shelter, it's also important for us to focus on mental health now.
>
> Let's get a better insight into World of Psychiatry!

ANNUAL ... ATRY
CM ... 6

Healthy Mind, Healthy Life

- “SIR, TO START WITH, HOW BIG A STIGMA OR TABOO MENTAL HEALTH STILL IS? DO YOU THINK THE PUBLIC AWARENESS PROGRAMS IN THIS REGARD ARE MAKING A DIFFERENCE? WHAT MORE DO YOU SUGGEST TO MODIFY SUCH PROGRAMS MORE USEFUL?”

Social stigma is almost always attached with mental health or rather mental illness. It is a very strong barrier with regard to early diagnosis and treatment. This stigma is there for many other physical illness also, but is much more prevalent among mental health issues. Lot of work has been done in this regard by various institutions, departments, private practitioners, psychiatric bodies like Indian Psychiatric Society etc. We see a lot of patients taking voluntary help now, earlier they were brought by family members, so that reflects there is more acceptance of mental illness just like any other medical illness. We see family response, caretaker’s response but much more things need to be done.

- “SIR, WHY DO YOU THINK MENTAL ILLNESS BECAME SUCH A STIGMA UNLIKE OTHER PHYSICAL ILLNESS OR ANY OTHER DISEASE? WHY DO YOU THINK STIGMA FOR MENTAL HEALTH EXISTED FIRST OF ALL?”

Stigma for mental illness has existed since centuries but the scenario is gradually changing. Lot of misconceptions, myths about mental illness are the reasons behind this; for example, coming to the etiology of mental illness, there were beliefs that they were caused by some sin committed in the previous life or that it reflects a bad culture. So people used to feel ashamed that if they accepted the illness then they will be thought to have committed a sin, or that they are from a bad culture and family. However with increasing awareness and education it is slowly coming down.

- *SIR, DO YOU THINK THERE IS AN INCREASE IN THE NUMBER OF PSYCHIATRIC CASES OR MENTAL DISEASES IN THE TEENAGE GROUP OR THE YOUTH AS COMPARED TO EARLIER TIMES. DO YOU THINK THERE IS ANY EXTERNAL INFLUENCE FOR THIS KIND OF TRANSITION? DO YOU THINK TECHNOLOGY HAS GOT TO PLAY A ROLE IN THIS, AS IN LESS SOCIAL INTERACTIONS IS INFLUENCING SOMETHING OF THIS SORT?*

Yes, regarding the prevalence of mental illness then and now. They have been a part of our existence but definitely the prevalence is increasing. There are two reasons for this; earlier the knowledge about mental disease was less. So the identification of it in the earlier stage was not done. Now with increasing awareness and decreasing misconceptions more and more people are well informed about the facilities.

Of course changing lifestyles, environment, technology is definitely adding on to the prevalence of mental illness. One of the issues you mentioned about technology for example, electronic gadgets like mobiles has helped us in easy communication, saving time etc. but when it comes to personal life, family life, there are a lot of adverse effects on human relations. Just like addiction to any chemical substance, overuse of electronic gadgets, chatting on WhatsApp, Facebook causes, Behavioral addiction’. People develop withdrawal symptoms, irritability, and restlessness once the gadgets are taken away from them. As you rightly mentioned it is affecting one to one interaction, social interactions. Communication is a very important part of a healthy lifestyle and good mental health. Thus electronic gadgets should be used judiciously; overuse definitely adds to mental health problems.

- *SIR, NOWADAYS WE ARE SEEING A LOT OF STUDENTS COMMITTING SUICIDES. DO YOU THINK THIS IS A FAULT IN THE UPBRINGING OR IS IT TECHNOLOGY? WHAT DO U SUGGEST THE STUDENTS ON DEALING WITH EDUCATION RELATED STRESS?*

Adolescence is the peak age group wherein we see such behavioral disturbances. Most of mental health issues of this type have their onset in the later part of life. Upbringing is at fault sometimes.
Earlier the father used to work outside and the mother used to deal household chores.

Children therefore used to get motherly love, care and affection. Now with the increasing demand both are forced to go work outside and hence there is some amount of parental neglect. If parents ensure a healthy transition from adolescence to adulthood, there can be a pleasant development of a healthy personality. Coming to students dealing stress, we strongly recommend physical exercise, yoga, aerobics, cycling etc 40 minutes in a day at least 5 days a week.

- *SIR, WHAT DO YOU ADVICE THE PARENTS IN THIS REGARD?*

Lot of steps have been taken by the government in preventive psychiatry. One example is ‘Life skills training’ which is going to be a part of the curriculum. We have been conducting such training camps for teachers and parents. Competence, communication, problem solving, resilience, stress tolerance, anger control, frustration tolerance are the various parameters in this.

- *SIR, COMING TO PSYCHIATRY AS A SPECIALTY, WHAT IS THE SCOPE FOR IT FOR MEDICAL STUDENTS?*

With regard to the global burden caused by various physical disorders, psychiatry which had been in the 5th position has jumped to the 3rd position, after cardio vascular diseases and malignancy. If you see the projected score by 2020, which is not too far, depression is going to reach the top. In the statistics of depression, over 50% of the cases go undiagnosed and untreated. Whatever specialty they choose, they are going to encounter psychiatric problem. They should be able to identify in the early stages and refer to psychiatry.

- *SIR, WHAT INFLUENCED OR INSPIRED YOU TO BECOME A PSYCHIATRIST?*

Psychiatric experiences, teaching, learning has made a lot of transformations. There is development in the personality. It is definitely helpful for those who are able to balance between personal and professional lives.

- *SIR, LITTLE OF AN OFFBEAT QUESTION. WHAT DO YOU THINK OF THE INFLUENCE OF RELIGIOUS BELIEFS ON MENTAL HEALTH?*

If you see the statistics, compared to western countries the prevalence of mental illness is more in the developing countries. Despite this, the outcome of mental issues is better in the developing countries. One reason for this is a good support system or family. Here one patient and four to five members accompany him. Before setting medical help, they say they have gone to temples, dargahs etc. In fact some of the minor health issues do get resolved at this level itself; religious painkillers you can call them (laughs). But the other side of this, when the patient is suffering from a serious illness, chronic ones and still not taking medical help is dangerous. Early diagnosis and treatment will not be possible then. Many of them commit suicide too. We are planning to conduct programs for the religious practitioners like the sadhus, mullahs, priests and inform them that if they find some signs and symptoms of a major illness, then, to refer them to medical help.

- *SIR, WHAT IS YOUR MESSAGE TO THE STUDENTS WHO ARE ASPIRING TO BECOME PSYCHIATRISTS?*

Few questions arise in them like job opportunities, private practice options, income etc. The major fear being that psychiatrists are at a high risk of stress. No, it's rather the opposite way.

We are in a better position to deal with stress. Job opportunities are much more than few other specialties. Earlier psychiatry was an end branch, but now it's a super specialty in itself having, 5-6 subspecialties.DM in child psychiatry, in withdrawal, in rehabilitation, in geriatric psychiatry etc. Also some adolescent girls prefer lady psychiatrists. This leaves female psychiatrists in high demand. That's why if you are interested or at least if you don't have any strong hatred towards psychiatry, then blindly join (snaps).

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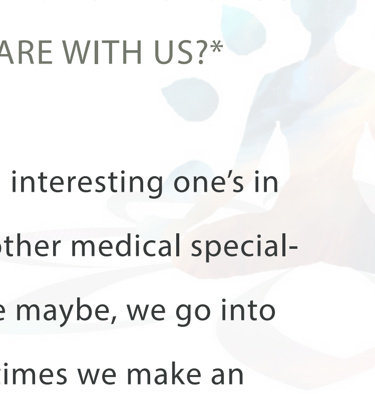
- *SIR, ANY FAVORITE MOMENTS LIKE FUNNY OR INSPIRING SITUATIONS YOU WOULD LIKE TO SHARE WITH US?*



See, there are many such interesting one's in psychiatry unlike many other medical specialties. We spend more time maybe, we go into their personal life, sometimes we make an attempt at disclosing our personal experiences in order to give them the strength to overcome their problems. In the course, they become dependent. The duty of a medical practitioner is to identify this dependence and draw a line. We call it transference, counter transference, therapeutic alliance; if we don't deal this, we may end up in some problems. Sometimes they see us in a fatherly position. A 30 year old lady once told me "Sir, may I call you father because you care for me, listen to my problems". We feel happy about it sometimes but Oh!!!(Chuckles). Also some patients tend to develop romantic emotions towards doctors. In case of marital disputes, the counselor or the doctor heeds to their marital issues, tries to find reasons, and they imagine the doctor in the same position. We try to understand them in this regard and tell them that we are here only to help them out as therapists.

> Let's be optimistic and believe that we'll get more and more access to better drugs, better delivery systems and insurance also starts taking care of mental health. With these, people's aspirations go up where they say not only should I be successful, I should be happy and content. If in this way, the psychiatrists and mental health professional's work to restore the lives of mentally ill patients, then India would become a better country.

FINE ARTS & MEDICINE

EDITORIAL

> Studies show that incorporating the arts can save money, improve the patient experience—and do a lot more..

“WE NEED THE MUSICIAN STAT!” the physician called out. A young boy with severe spasticity was scheduled to receive a series of painful injections of botulinum toxin. The doctor knew that getting the boy to cooperate was always a challenge. He had a history of bolting around the room, making it difficult and time-consuming for the staff to do their work. And music therapy had helped this patient in the past.

Upon hearing the request Sarah Dobbs, artistic director for the Centre for the Arts at Toronto’s Holland Bloorview kids Rehabilitation hospital, recruited one of her music therapists and rushed to the Treatment room. The plan was to engage the child by music and it WORKED!

Dr. Gary Christenson
Is the director of the mental health clinic at the University of Minnesota’s Boynton Health Service and president of the society for the Arts in healthcare.

The doctor had learned from experience that music could be used to relieve a child’s fear and anxiety, be a distraction from pain, provide comfort, and increase the likelihood that the child would be cooperative during a medical procedure.

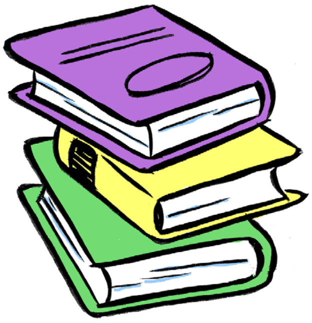
SOME MIGHT BE INCLINED TO DISMISS THE ARTS AS A TRIVIALITY, LUXURY, OR UNJUSTIFIED EXPENSE IN A TIME OF CONCERN OVER RISING HEALTH CARE COSTS, RESEARCH IS SHOWING THAT USE OF THE ARTS IN HEALTH CARE CAN BE COST-EFFECTIVE.

For example,

- A recent study done at Tallahassee Memorial HealthCare demonstrated that using music therapy when preparing children for CT scans significantly reduced use of sedative medications, associated overnight stays, and nurse time and resulted in a cost savings of $567 per procedure.
- It also decreased the need for repeat CTs because of poor-quality scans. When extrapolating those numbers to all pediatric CT scans done in the United States, researchers estimated a potential savings of $2.25 billion per year.

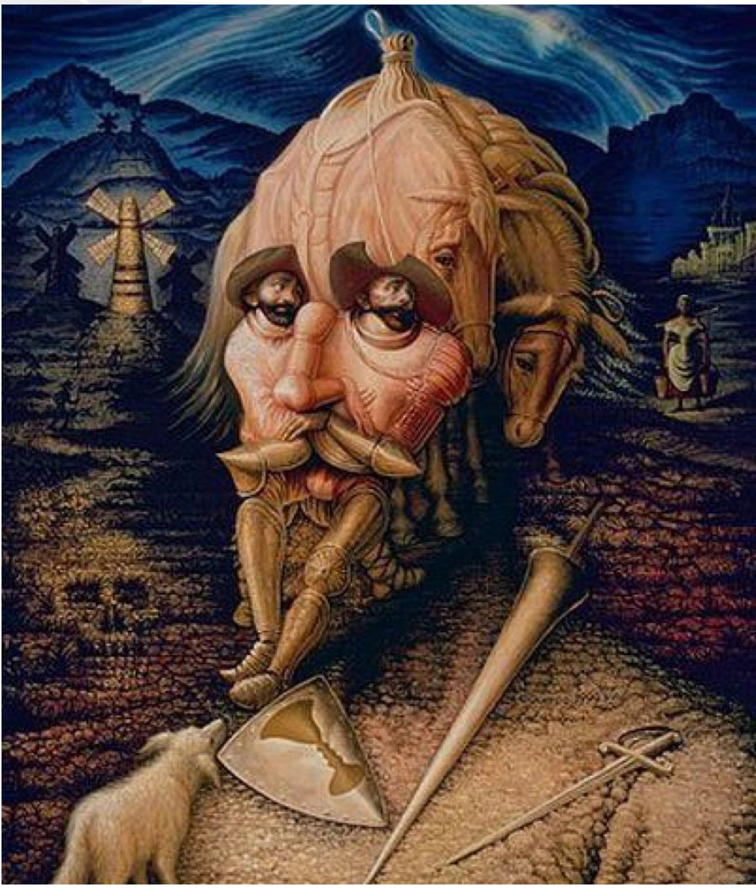
> Such findings support the business case for adopting arts programming in health care facilities and practices. But there are other reasons why physicians, educators, and health care administrators should become advocates for incorporating the arts in medicine.

STUDYING THE ARTS MAKES MEDICAL STUDENTS INTO BETTER DOCTORS.



Medical students must master an array of clinical skills in addition to an increasingly complex knowledge base. They are expected to hone their observational, listening, and critical thinking skills while expanding their capacity to empathize with the patient. To accomplish the latter goal, most medical schools have added some element of the humanities to their curricula. A number of schools have students read literature written by physicians and patients that portrays the experience of illness and treatment from dual vantage points. In our state, storytelling and theater have been used to teach students how to effectively take a medical history.

Harvard Medical School has found that training medical students in the visual arts can help them develop their clinical observational skills. Students who participated in formal training consisting of art observation exercises, didactics that integrate fine arts concepts with physical diagnosis topics, and a life-drawing session demonstrated better visual diagnostic skills when viewing photographs of dermatological lesions than students who only received conventional training.



Fine art practices like Sketching, Clay modelling, painting and especially embroidery which increases precision over hand coordination and would be a great start up for future surgeons.

The arts also can convey lessons in ways traditional lectures cannot. Theatre & Visual demonstrations illustrates ethical issues related to informed consent, medical ethics & clinical examination.

THE ARTS HAVE THERAPEUTIC BENEFITS.

In the early 1980s, physical therapy and occupational therapy were the only adjunct modalities recommended for helping patients recover from disease or surgery.

Now we have art therapy, music therapy, dance and movement therapy, expressive arts therapy, drama therapy, poetry therapy, and a host of other approaches that use one or more arts modality to promote healing.

Although many of these therapies originally were intended to improve the emotional health of patients, we are discovering they have other therapeutic benefits.

Museums such as the Museum of Modern Art in New York and the Minneapolis Institute of Arts have programs for patients with Alzheimer's disease and memory loss that use visual and cognitive stimuli to evoke memories.

Dance has been shown to improve the mobility of patients with conditions such as fibromyalgia and Parkinson disease.

A study by researchers in the University of Minnesota's department of kinesiology found that most of the participants at a local senior center said the activities helped them stay healthy by improving flexibility, coordination, balance, and endurance. They also agreed that the shared reminiscence and discussion improved their memory and social skills.

In addition, music and song have been used as an alternative means of communication for those recovering from post-stroke aphasias, and a number of programs have patients in various settings create art to increase their sense of control, distract them from pain, decrease their stress level and blood pressure, and provide them an outlet for emotional exploration and expression.

Storytelling has been noted to improve the quality of life for cancer patients, increase lung function associated with asthma, and reduce symptoms and doctor visits.

For these reasons, physicians should consider the arts among their prescriptive options and advocate for increased availability of arts programming within their institutions.

THE ARTS CAN HELP PREVENT DISEASE.

Physicians often find it frustrating to talk to patients about getting regular exercise. They can suggest that patients do more to increase their activity level, but patients frequently don't adhere to that advice.

However, a campaign to decrease heart disease in England found that people were much more responsive to the message, "Dance makes the heart grow stronger" than to "Exercise makes the heart grow stronger." Dance is one of the best ways to improve health on a number of levels. In addition to its physical benefits, dance enhances social engagement, which is important to overall health and well-being, and it's one of the best activities for delaying the cognitive decline associated with Alzheimer's disease.

In addition, the arts can be used to promote public health.

> A great example of this was Sidewalks Saving Lives, a collaborative project of the University of Minnesota in north Minneapolis, in which community members worked with artists during 2008 and 2009 to paint sidewalks with educational messages about HIV/AIDS and the importance of being tested.
>
> Similar projects were done by our KIMS students in various Sidewalks in Hubballi, Karnataka.

THE ARTS CAN IMPROVE THE PATIENT EXPERIENCE.

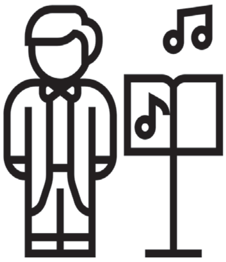
Until recently, the design of modern health care environments has been primarily based on efficiency, prevention of infection, accommodation of new technology, and cost savings. However, a body of research has shown that patients tend to be less stressed, less anxious, require less pain medication, and ready for discharge earlier when their environment includes views of the natural world.

The effects of various forms of visual art are being studied so that hospitals select the most healing images for patient rooms. Although preliminary studies suggested that representational art depicting landscapes is the most welcomed and healing choice, others have questioned whether this view is too limiting. Considering the subjective nature of art appreciation, many hospitals including Bethesda Hospital in St. Paul allow patients to choose art pieces that will grace the walls of their room during their stay. The new University of Minnesota Amplatz Children's Hospital even allows children to choose the color of the lighting in their room. These setups would be an economic burden in most of the health care centers in developing countries like ours.

THE ARTS CAN PROMOTE PHYSICIAN WELL-BEING.

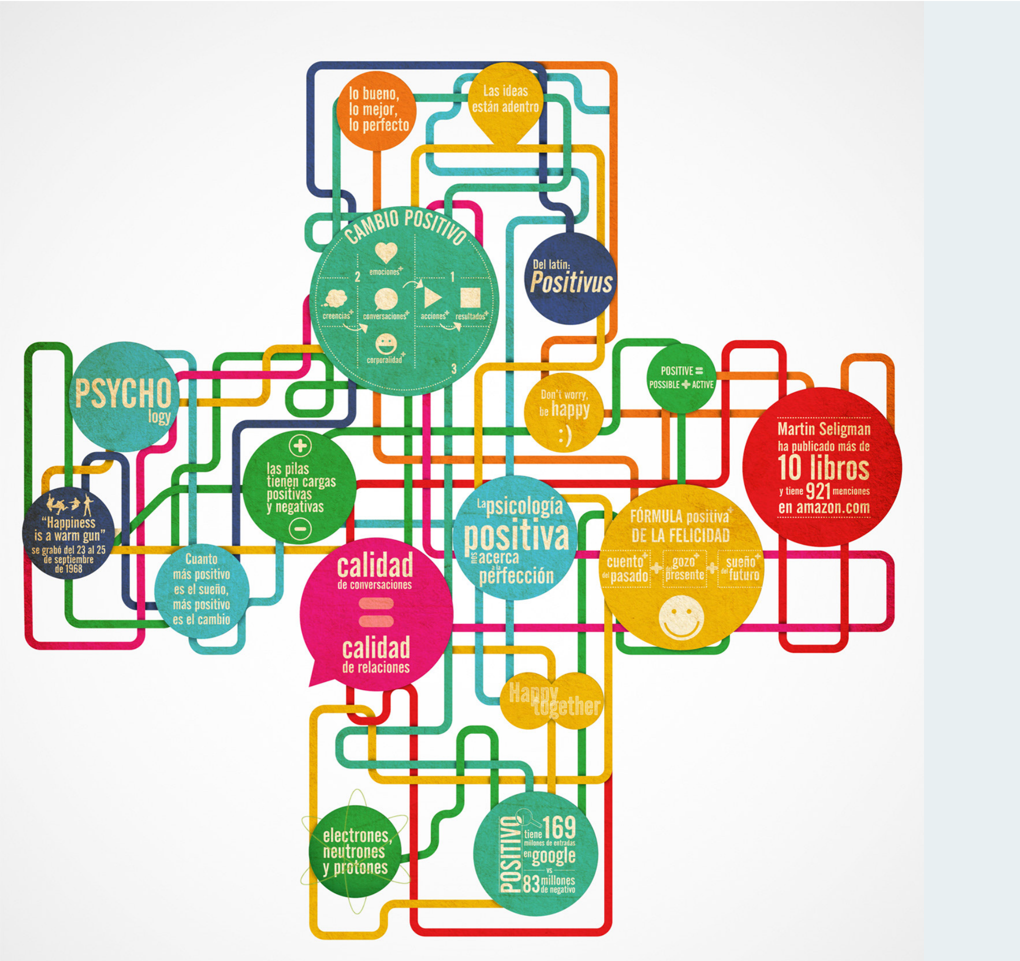
The arts have soothing, reflective, and restorative powers that can counteract the stresses associated with medical school or practice. Although many physicians were involved in the arts before entering medical school, they put those activities on hold during their training.

For many of us practicing physicians, pursuing the arts can help us rebalance our busy lives. Art provides not only an opportunity to explore and express our feelings but a respite from the heavy responsibilities inherent in our profession. It also provides us with a chance to develop our creative potential.



> **Given the growing evidence of how the arts can improve clinical skills, promote healing and prevent disease, increase patient satisfaction, and help us find balance in our own lives, physicians should be advocates for the arts in general and, more specifically, in medical education and practice.**

LIFESTYLE AND PSYCHOLOGICAL HEALTH


lo bueno, lo mejor, lo perfecto
Las ideas están adentro
CAMBIO POSITIVO
emociones
creencias
conversaciones
acciones
resultados
corporalidad
Del latín: Positivus
PSYCHO logy
las pilas tienen cargas positivas y negativas
Don't worry, be happy :)
POSITIVE = POSSIBLE + ACTIVE
Martin Seligman ha publicado más de 10 libros y tiene 921 menciones en amazon.com
"Happiness is a warm gun" se grabó del 23 al 25 de septiembre de 1968
Cuanto más positivo es el sueño, más positivo es el cambio
calidad de conversaciones = calidad de relaciones
La psicología positiva nos acerca a la perfección
FÓRMULA positiva DE LA FELICIDAD
cuento del pasado + gozo del presente + sueño de futuro
Happy together
electrones, neutrones y protones
POSITIVO tiene 169 millones de entradas en google vs. 83 millones de negativo

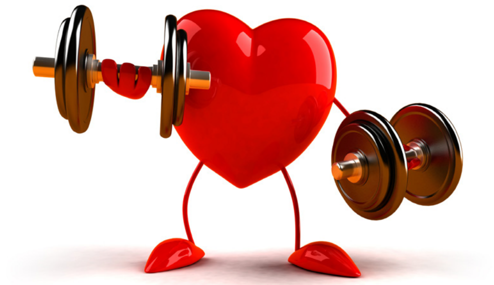
Dr. Nishmita
PG, Department of Psychiatry, KIMS Hubli.

Dr. Sameer Belvi Mangalwedhe
Assistant Professor, Department of Psychiatry, KIMS Hubli.

Importance of lifestyle factors has been significantly underestimated with regard to psychological wellbeing. Identifying healthy lifestyle behaviours that promote psychological well being is crucial in preventing mental disorders. Prospective studies consistently find bi-directional relationship between various lifestyle factors and mental and physical health. With important health improvements and wellbeing following relatively small changes in lifestyle. There is considerable evidence indicating effectiveness of lifestyle modifications both in clinical and normal population. In contemporary medicine there is paramount focus on lifestyle treatment - modifying 4 lifestyle factors :smoking, physical activity, alcohol intake and diet has made a major impact on the overall morbidity and mortality in the preceding decade.

know by self experience that exercise diet and meditation has positive impact on psychological well being. But, is that all ? It only prudent to explore more lifestyle factors.

• EXERCISES



You have probably heard a thousand times that exercise offers benefits that extend over multiple body systems including psychological wellness. Exercise offers both preventive and therapeutic psychological benefits. The benefits of exercise range from enhancing academic performance, to aiding stroke recovery and decreasing risk for depression, neurodegenerative diseases and age-related memory loss and cognitive decline.
Physiological effects of exercise are mediated by favourable alteration in serotonin metabolism, improving quality of sleep and endorphin release which is directly implicated in "Runner's High". Psychological factors include enhanced self-efficacy and self-esteem, interruption of negative thoughts and ruminations and breakdown of "muscular armour"-chronic muscle tension patterns that express emotional distress.
Neural factors are especially intriguing. Exercise induces neurogenesis, synaptogenesis, neuronal preservation and interneuronal connections and upregulates BDNF (Brain-derived neurotrophic factors in hippocampus.
Short sessions of exercise of 30 minutes confer physical benefits. Cognitive benefits are enhanced by combining strength training with aerobics. IN short old minds are like old horses: you must exercise them if you wish to keep them in working order.

• NUTRITION AND DIET

There is now considerable evidence of the importance of nutrition for mental health of enormous public health importance is the recent findings suggesting that effect of diet on mental health can be transmitted across generations owing to epigenetic factors.Two major dietary components must be considered: food selection and supplements.

Food Selection- Key principles

1. **RAINBOW-** A "Rainbow Diet" is one that includes foods of different colours by adding different kinds of fruits and vegetables into your diet. The nutrients you'll receive from eating the nutritional rainbow act as powerful antioxidants that inhibit and repair damage from carcinogenic activity .

2. **PESCOVEGETARIAN DIET-** cold deep sea-water fish like salmon which are rich in omega 3 fish oils.

3. **MEDITERRANEAN DIET**- high consumption of vegetables and olive oil and moderate consumption of protein, and thought to confer health benefits.

4. **REDUCE EXCESSIVE CALORIES**- as obesity is associated with reduced cognitive functions

• SUPPLEMENTS

Growing evidence suggests that food supplements offer valuable prophylactic and therapeutic benefits for psychological health. Fish and fish oils are especially important for mental health. Essential omega-3 fatty acids, especially EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) are essential for neural functions and are anti-inflammatory.

Vitamin D 600mg per day has neurotrophic, antioxidant and anti-inflammatory effects.

Folic acid and SAME (s-adenosy-methionine) are others supplements of interest for psychological wellness.

GOLD STANDARD
100% WHEY
6.8 kg | 15 lb
CARBIO
OBLITERATE
GREEN TEA ENERGY DRINK
ACETYL L-CARNITINE
AMINO

• SLEEP

Most sleep experts recommend between seven and nine hours of sleep per night, but the real key to success isn't just the right amount of sleep; it's a regular sleep schedule.

By going to bed at the same time each night and getting up around the same time each day, you make it easier for your body to regulate its sleep/wake cycle. This can lead to big mental health improvements, make it easier to get better after an illness, and even make tackling a challenging day feel just a bit less daunting.

• SMOKING

Research has consistently shown that quitting smoking yields benefits to mental health, often in just a few weeks. When you smoke, you take in a variety of toxins, and it may be that many of those toxins contribute to mood problems.

Moreover, the physical health problems caused by smoking—heart disease, coughing, emphysema, frequent colds, difficulty exercising—can lead to mood problems and mental health challenges.

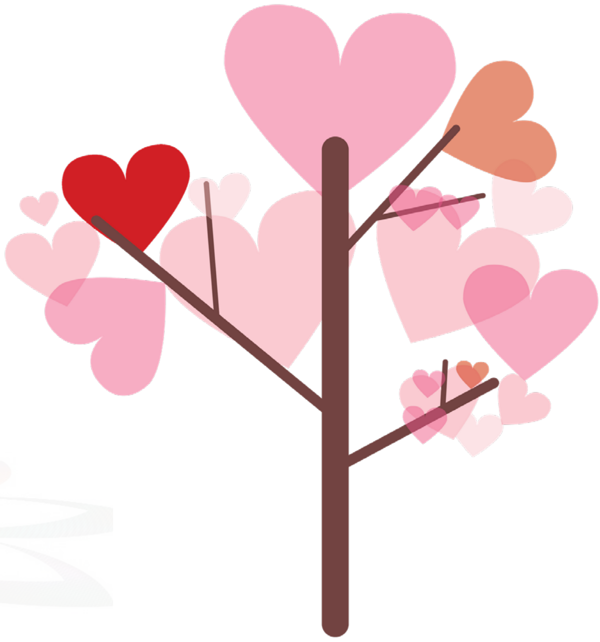
Quitting may be one of the best things you do for your mental health.

NATURE

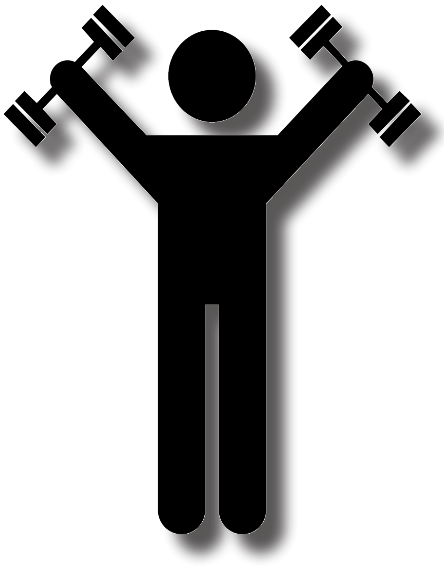
For thousands of years, wise people have recommended nature as a source of healing and wisdom. Shamans seek wilderness, yogis enter the forest, Christian Fathers retreat to the desert, and American Indians go on nature vision quests. Their experience is that nature heals and calms, removes mental trivia, and reminds one of what really matters. In existential terms, the concern is that “modern man—by cutting himself off from nature has cut himself off from the roots of his own Being.” Excessive media immersion, can create psychological dysfunctions that includedisorders of attention, cognition, ineffective multitasking, online compulsive disorders and addiction. Benefits of time in Nature enhances cognitive, attentional, emotional, spiritual, and subjective well-being. Immersion in nature does appear to reduce symptoms of stress, depression, and ADHD and to foster community benefits.

RELATIONSHIPS

Of all the means which are procured by wisdom to ensure happiness throughout the whole of life, by far the most important is the acquisition of friends. Epicurus Good relationships are associated with enhanced happiness, quality of life, resilience, cognitive capacity. Social neurosciencene suggests that humans are interdependent creatures, hardwired for empathy and relationship through the mirror neuron system and Michelangelo phenomenon.



RECREATION AND ENJOYABLE



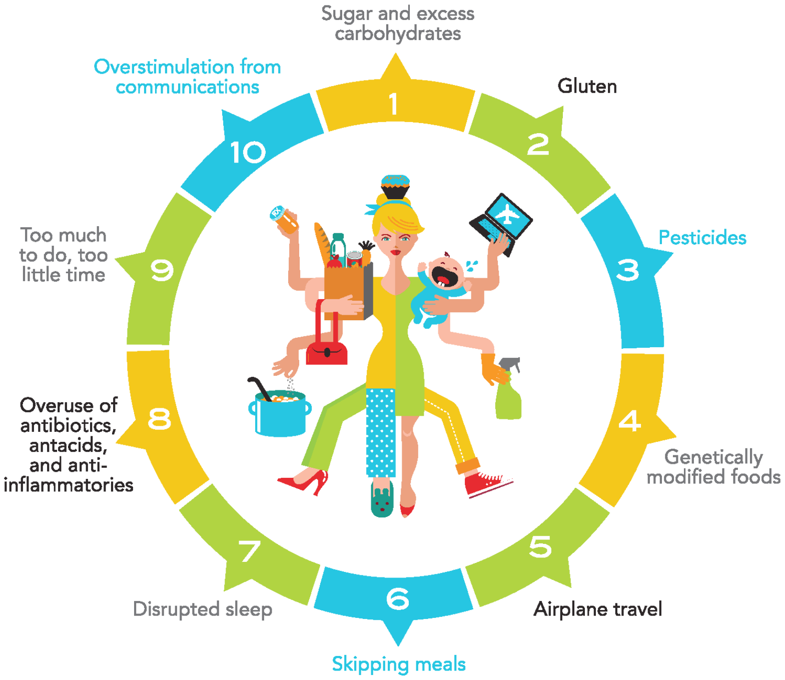
Recreation can involve play and playfulness, which appear to reduce defensiveness, enhance well-being, and foster social skills and maturation. Recreation can also involve humor, which appears to mitigate stress, enhance mood, support immune function and healing, and serve as a mature defense mechanism.

• STRESS MANAGEMENT

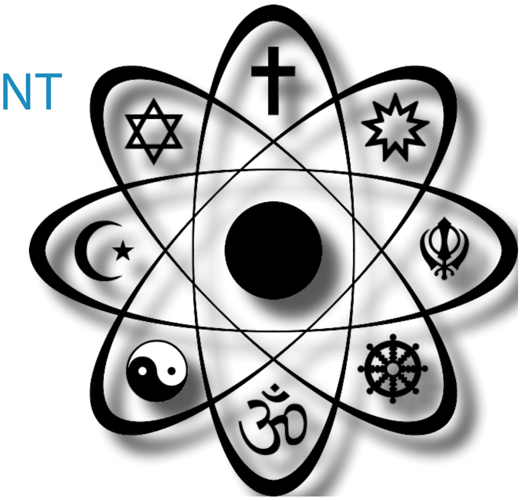
Chronic stressors can exact a major toll across multiple organ systems and levels. This toll extends from psychological to physiological to chemical (e.g., oxidative stress) to genomic expression (hence the new field of psychosocial genomics). Even though stress is universal, few people are trained in managing it. Many people therefore respond unskillfully or even self-destructively.

Specific stress management skills include somatic and contemplative approaches. Somatic skills like mindful movement practices of tai chi, qui gong, self-hypnosis and guided imagery. Contemplative skills such as meditation and yoga are now practiced. Meditation can help to reduce stress and a wide array of stress-related psychological and psychosomatic disorders and also insomnia, anxiety, depression, eating disorders and borderline personality disorders.

Yoga may also be helpful for stress and mood disorders.


Sugar and excess carbohydrates
1
Gluten
2
Pesticides
3
Genetically modified foods
4
Airplane travel
5
Skipping meals
6
Disrupted sleep
7
Overuse of antibiotics, antacids, and anti-inflammatories
8
Too much to do, too little time
9
Overstimulation from communications
10

• RELIGIOUS AND SPIRITUAL INVOLVEMENT



90% of the world's population engages in religious or spiritual practices; these practices are a major means of coping with stress and illness. Mental health benefits include enhanced psychological, relational, and marital well-being, as well as reduced rates of disorders such as anxiety, depression, substance abuse, and suicide.

• CONTRIBUTION AND SERVICE

Contribution and service to others have long been considered central elements of a life well lived. Now they can also be considered central elements of a healthy life. Altruism is said to reduce unhealthy mental qualities such as greed, jealousy, and egocentricity while enhancing healthy qualities such as love, joy, and generosity. Considerable research shows positive relationships between altruistic behavior and multiple measures of psychological and social well being like positive affect, self-esteem, self-actualization, and life satisfaction.

> “There's no substitute for good mental health care when you're struggling with behavioral health issues. But your lifestyle really does affect how you feel, and you can become
> your own best mental health ally by taking the first step toward a healthy lifestyle.
>
> If you're not sure where to begin, don't be afraid to ask your therapist or psychiatrist, who may have additional suggestions based on your specific needs, condition, and lifestyle.

ALCOHOL & DRUG ABUSE

While I go around medicine wards, it's painful to see people suffering from something that could have been avoided had they been a bit more conscious about their habits.

Teens tend to try new things & take risks, so they may take drugs & drink alcohol because it seems exciting.

When majority of others tend to drift into alcohol and drug taking subculture for its euphoric effects, to avoid an uncomfortable situation in life.

It's sad to see that a great proportion of today's youth need alcohol to calm down themselves, obviously momentarily.

This is in spite of the fact that everyone is well aware of the ill effects of substance use such as poor performance at work, problems at home & lasting legal problems.

Alcohol and drug abuse related morbidity & mortality, apart from the social problems, have a great economic impact.

It's high time we learn to have fun without alcohol, we need to learn to pull ourselves together when nothing is happening our way, we need to stop stressing ourselves over petty things & start living our lives joyfully.

KIMS Magazine 2017-2018

THE POCKET OF WHITE COAT

SCIENTIFIC MAGAZINE

THE POCKET OF WHITE COAT

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RARE CASES
» p.77

ICMR - ARTICLE

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CRACK IT
» p.92

45 ANNUAL REPORTS BY DEPARTMENTS

Acheievments of various departments of KIMS for the year 2017-18.

56 ORIGINAL RESEARCH ARTICLES

- The comparative study of two techniques of lumbar plexus block by Anterior & posterior approach for lower limb surgery.
- Arrhythmia following Midazolam : Pharmacakinetics or Pharmacagenomics ?
- A cadaveric study on lateral thoracic artery.
- Phenytoin inducedStevens-Johnson syndrome.
- A study of sacralisation of fifth lumbar vertebra in South Indian population.

77 RARE CASES

- Follicular CA of thyroid with secondaries in orbit.
- Crossed fused renal ectopia
- Common atrium with single ventricle.

85 ICMR-ARTICLE

- A comparative study on the effects of conventional and newer anti-epileptic drugs pn the serum lipid profile in adults with epilepsy.

92 CRACK IT

- Two exclusive interviews from KIMS alumnis who cracked PG entrance exams with few tips to students.

THE POCKET OF WHITE COAT

ANNUAL REPORT

DEPARTMENT OF ANATOMY

DR. BHAVYA B.S.

Assistant Professor,
Department of Anatomy,
KIMS, Hubli.

SCIENTIFIC PRESENTATIONS:

1. STUDY ON BRANCHING PATTERN OF POSTERIOR CIRCUMFLEX HUMERAL ARTERY

6TH NATIONAL CONFERENCE OF SOCIETY OF CLINICAL ANATOMISTS HELD AT JNMC, BELGAUM, JUNE 2017.

2. CROSSED FUSED RENAL ECTOPIA

A CASE REPORT. 6TH NATIONAL CONFERENCE OF SOCIETY OF CLINICAL ANATOMISTS HELD AT JNMC, BELGAUM, JUNE 2017.

3. STUDY OF ANTERIOR CIRCUMFLEX HUMERAL ARTERY

WORLD CONGRESS OF ANATOMY, 19TH CONFERENCE OF KARNATAKA CHAPTER OF ANATOMISTS AT GIMS, GADAG, SEPTEMBER 2017.

4. STUDY ON SUBCLAVIUS POSTICUS MUSCLE.

WORLD CONGRESS OF ANATOMY, 19TH CONFERENCE OF KARNATAKA CHAPTER OF ANATOMISTS AT GIMS, GADAG, SEPTEMBER 2017.

5. CHAIRED A SCIENTIFIC SESSION AT WORLD CONGRESS OF ANATOMY

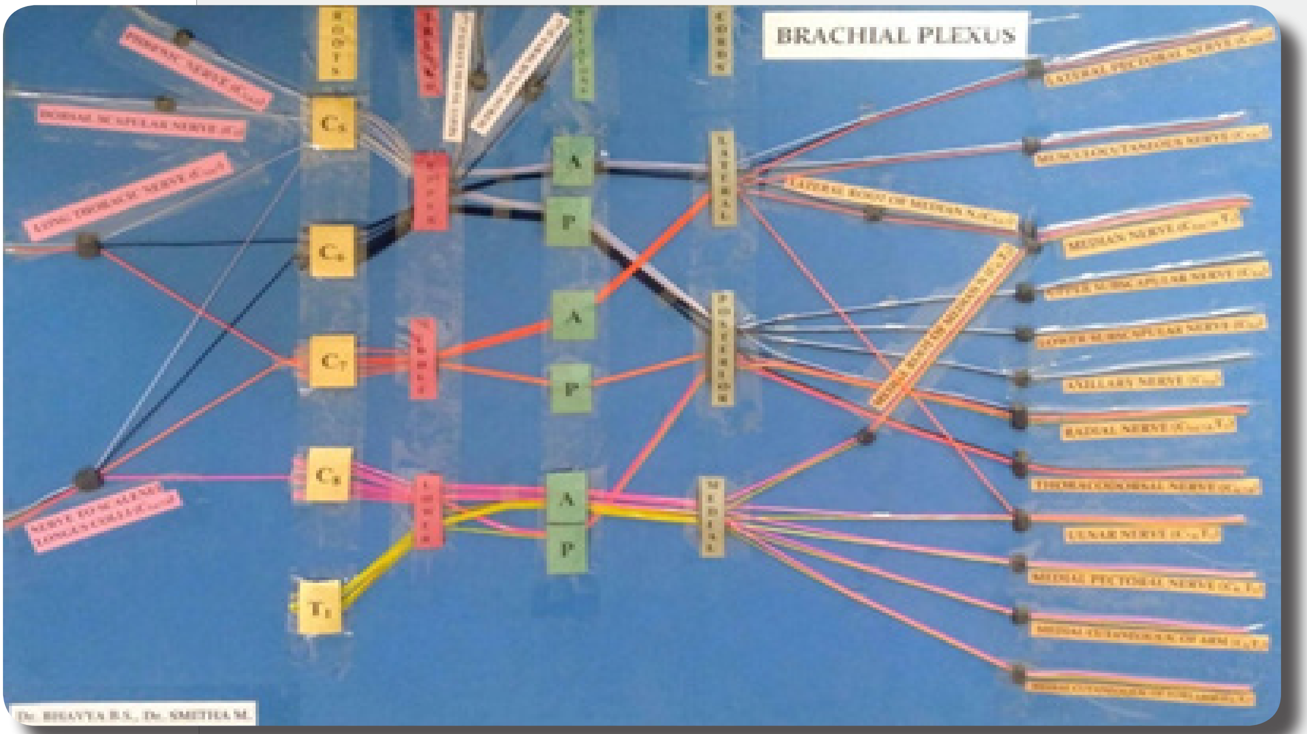
19TH CONFERENCE OF KARNATAKA CHAPTER OF ANATOMISTS AT GIMS, GADAG, SEPTEMBER 2017.

(CO-AUTHORS : DR. RAJESHWARI C. ELIGAR , DR. SMITHA M.)

6. SCIENTIFIC ARTICLES PUBLISHED IN INDEXED JOURNAL DURING 2017-2018

A CADAVERIC STUDY ON LATERAL THORACIC ARTERY.

SCIENTIFIC PRESENTATIONS:


BRACHIAL PLEXUS
ROOTS
CORDS
C5
C6
C7
C8
T1
A
P
A
P
A
P
LATERAL
POSTERIOR
MEDIAL
PHRENIC NERVE
DORSAL SCAPULAR NERVE
LONG THORACIC NERVE
NERVE TO SCALENE LONGUS COLLI
LATERAL PECTORAL NERVE
MUSCULOCUTANEOUS NERVE
LATERAL ROOT OF MEDIAN N.
MEDIAN NERVE
UPPER SUBSCAPULAR NERVE
LOWER SUBSCAPULAR NERVE
AXILLARY NERVE
RADIAL NERVE
THORACODORSAL NERVE
ULNAR NERVE
MEDIAL PECTORAL NERVE
MEDIAL CUTANEOUS OF ARM
Dr. BHAVYA B.S., Dr. SMITHA M.

(MADE BY DR.BHAVYA B.S & DR. SMITHA M.)

7. INNOVATIVE MODEL MAKING FOR ACADEMIC PURPOSE

BRACHIAL PLEXUS. MADE BY DR. BHAVYA B.S. & DR. SMITHA M

DEPARTMENT OF
ANESTHESIA

DR. MADHURI S KURDI MD. Anesthesia
Professor, Department of anesthesia, KIMS, Hubballi.

AWARDS

1. ISA -IJA BEST PEER REVIEWER FOR THE INDIAN JOURNAL OF ANAESTHESIA (2016-17)

Annual national conference of Anaesthesiology (ISACON 2017)
27th November 2017 | Kolkata.

2. Awarded research grant (2016-17) by RGUHS for a research project on gut bacteria.

3. Book contributions

- Henoch Schonlein purpura.

In:Lee A Fleisher, Michael F Roizen, Jeffrey D Roizen (editors) . Essence of anesthesia practice (4th edition, Elsevier 2017) p.196

- Ketamine.

In: Lee A Fleisher, Rosenbaum Stanley H (editors), complications in anesthesia (3rd edition, Elsevier 2017) p.358-360

DR MILON V MITRAGOTRI

MD. Anesthesia
Senior Resident, Department of anesthesia, KIMS, Hubballi.

PUBLICATIONS

1. ARRHYTHMIA FOLLOWING MIDAZOLAM: PHARMACOKINETICS OR PHARMACOGENOMICS?

TALKS

1. DIAGNOSING NEUROPATHIC PAIN

2. FIBROMYALGIA MANAGEMENT - EULAR RECOMMENDATIONS.

Indian Society for study of pain
Bangalore.

PUBLICATIONS

THE COMPARATIVE STUDY OF TWO TECHNIQUES OF LUMBAR PLEXUS BLOCK BY ANTERIOR AND POSTERIOR APPROACH FOR LOWER LIMB SURGERY

Dr. Milon Vasant Mitragotri,

Dr. Pushpa Ishwarlal Agrawal,

Dr. Vaishnavi V. Kulkarni,

Dr. Nilambree S. Adke,

Dr. Dharmesh Arvind Ladhad

DEPARTMENT OF OTORHINOLARYNGOLOGY

DR. SHASHIDHAR .K

Mch. surgical oncologist
Associate Proffesor, Dept. of Surgical oncology ,KIMS, Hubballi.

PUBLICATIONS

1. RIGID BRONCHOSCOPY FOR FOREIGN BODY REMOVAL

AN OVERVIEW INTERNATIONAL JOURNAL OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY\ OCTBER-DECEMBAR-2017\VOLUME3\ISSUE 4.

2. RECONSTRUCTIVE TECHNIQUES IN HEAD AND NECK MALIGNANCIES.

INTERNATIONAL JOURNAL OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY\ APRIL-JUNE-2017\VOLUME1\ISSUE 2.

3. TEMPORAL BONE MALIGNANCY

AN OVERVIEW. INTERNATIONAL JOURNAL OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY\ APRIL-JUNE-2017\ VOLUME3\ ISSUE 2.

4. EFFECTIVENESS OF CIPROFLOXACIN VS DOXYCYCLINE IN TREATMENT OF RHINOSCLEROMA-A CASE CONTROL STUDY

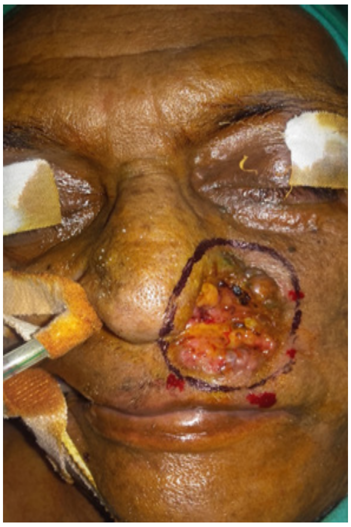
JOURNAL OF EVIDENCE BASED MEDICAL HEALTH CARE VOL 4\ISSUE 20\MARCH 09,2017:1165-116.

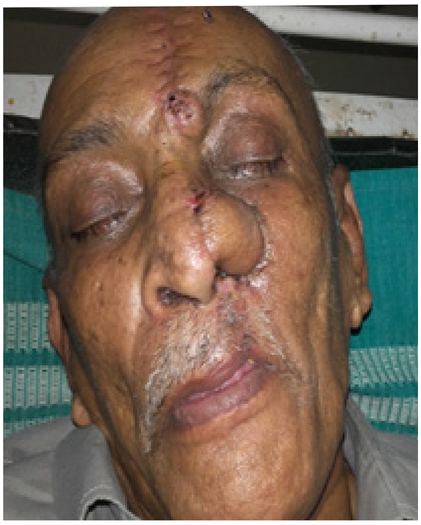
INTERESTING CASES

1. KESHWARD

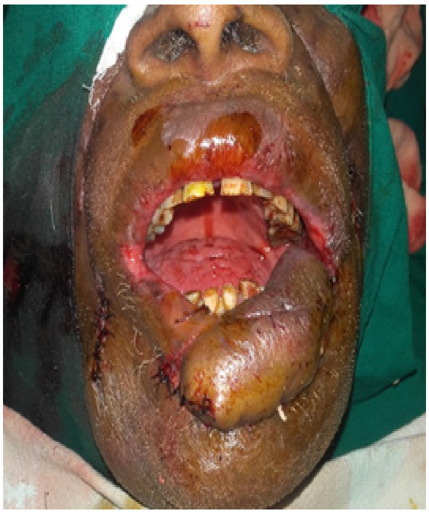
DIAGNOSIS
Basal cell CA of left nasal ala and nasal cavity T3N0M0 Stage 3

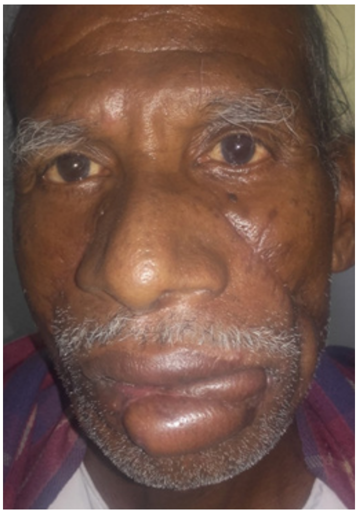
PROCEDURE
wide local excision of left nasal malignancy with forehead flap reconstruction.





INTERESTING CASES

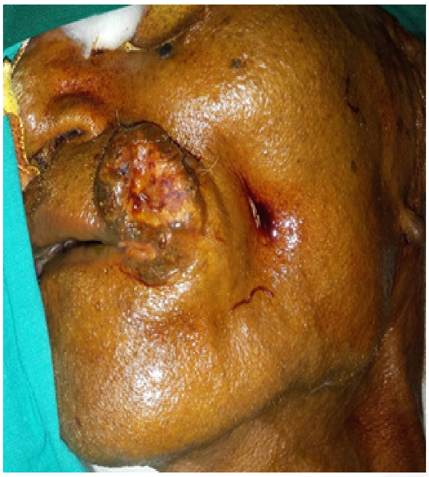


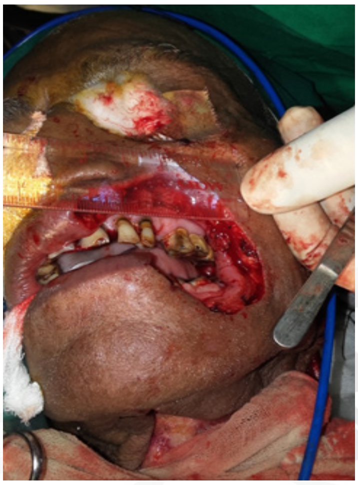


2. KENCHAPPA

DIAGNOSIS
VERRUCOUS CARCINOMA OF LOWER LIP-T4aNoMo.

PROCEDURE
Wide local excision with bilateral nasolabial flap.

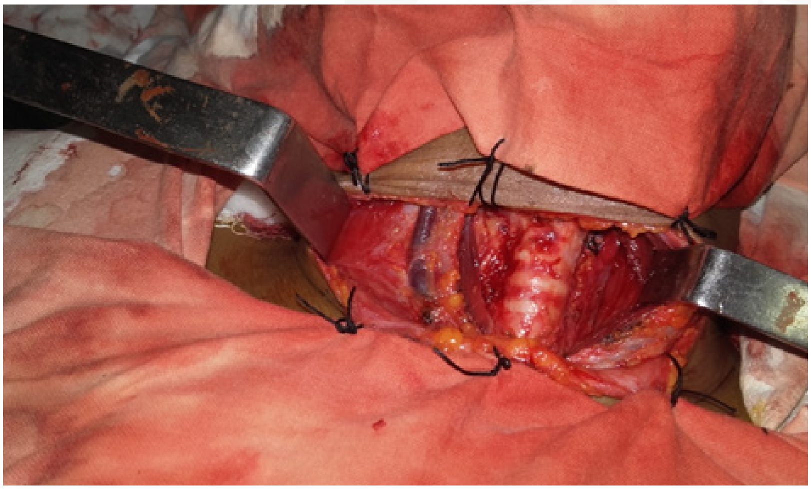




3. BASAVANEPPA

DIAGNOSIS
malignancy oral cavity
T4N2cMx stage IVa

PROCEDURE
Wide local excision with supraomohyoid neck dissection with forehead flap reconstruction.



4. MAHADEVI

DIAGNOSIS
Squamous cell Carcinoma Right Vestibule and papillary Ca of Thyroid

PROCEDURE
Wide local excision with forehead flap reconstruction and total thyroidectomy and post radioiodine ablation.
.

DR. SHASHIDHAR .K Mch. surgical oncologist
Associate Proffesor, Dept. of Surgical oncology ,KIMS, Hubballi.

DEPARTMENT OF PEDIATRICS

Academic achievements of Department Of Pediatrics for the year 2017-2018.

EVENTS

1. HOSTED STATE LEVEL NEONATAL CONFERENCE - 'KARNEOCON 2017'.
   (FEB 2017)

2. CONDUCTED "BASIC NRP" FOR THE 1ST YEAR PEDIATRIC AND OBSTETRICS POST GRADUATES.
   (JUNE 2017)

3. "WORLD BREASTFEEDING WEEK" CELEBRATION
   (AUG 1ST-7TH 2017)

4. "IAP QUIZ" FOR BOTH UNDER-GRADUATES & POST-GRADUATES
   (AUG 2017)

TALKS

5. "NEED FOR PARENTING SKILLS IN THE 21ST CENTURY"

World Breast feeding Week !

Of special mention and proud privilege to state that the World Breast Feeding week celebration conducted at department of pediatrics in association with department of obstetrics and nursing faculty.

Won one of the best celebration across entire country as stated by Breastfeeding Promotion Network of India (BNI) as well as the state National neonatology forum(NNF).

BREAST FEEDING WEEK
August 1st to 7th
TMENT OF PAEDIATRICS
KIMS HUBLI
03 08

In addition to these academic events in the college our faculty members were involved in local, state and national level CME and conferences as resource persons and faculty. All these academic events wouldn't have been possible without the support of HOD.

DEPARTMENT OF PHARMACOLOGY

DR A. N. DATTATRI

Prof and Head, Dept of Pharmacology,KIMS, Hubballi.

PUBLICATIONS

1. PHENYTOIN INDUCED STEVENS-JOHNSON SYNDROME: A CASE REPORT

DR SHAMBHAVI KULKARNI & DR. A. N. DATTATRI

TALKS

1. ESSENTIAL COMPONENTS OF PROTOCOL FOR CLINICAL TRIAL

KLE University's College of Pharmacy, Hubballi & UDEHP of KLE University, Belagavi
Workshop on
"Ethical Guidelines in Biomedical Research"

KLE
K.L.E. UNIVERSITY'S
(Accredited 'A' grade by NAAC)(Placed in category 'A' by MHRD)
UNIVERSITY DEPARTMENT OF EDUCATION FOR HEALTH PROFESSIONALS (UDEHP)
COLLEGE OF PHARMACY
VIDYANAGAR, HUBBALLI-580 031.
Workshop on
"ETHICAL GUIDELINES
BIOMEDICAL RESEARCH"
Friday & Saturday,
24th & 25th November, 2017
Venue : Seminar Hall
TE PAR EXCELLENCE FOR PERFECT PHARMACISTS"
Clinical Trial Protocol -
Essential Components
Dr. DATTATRI, A.N.
Professor & Head,
Dept of Pharmacology,
Karnataka Institute of Medical
Sciences, Hubballi – 580 021

DEPARTMENT OF PSYCHIATRY

DR. AKSHATHA J K

2nd year PG student, Det. of Psychiatry
,KIMS, Hubballi.

TALKS

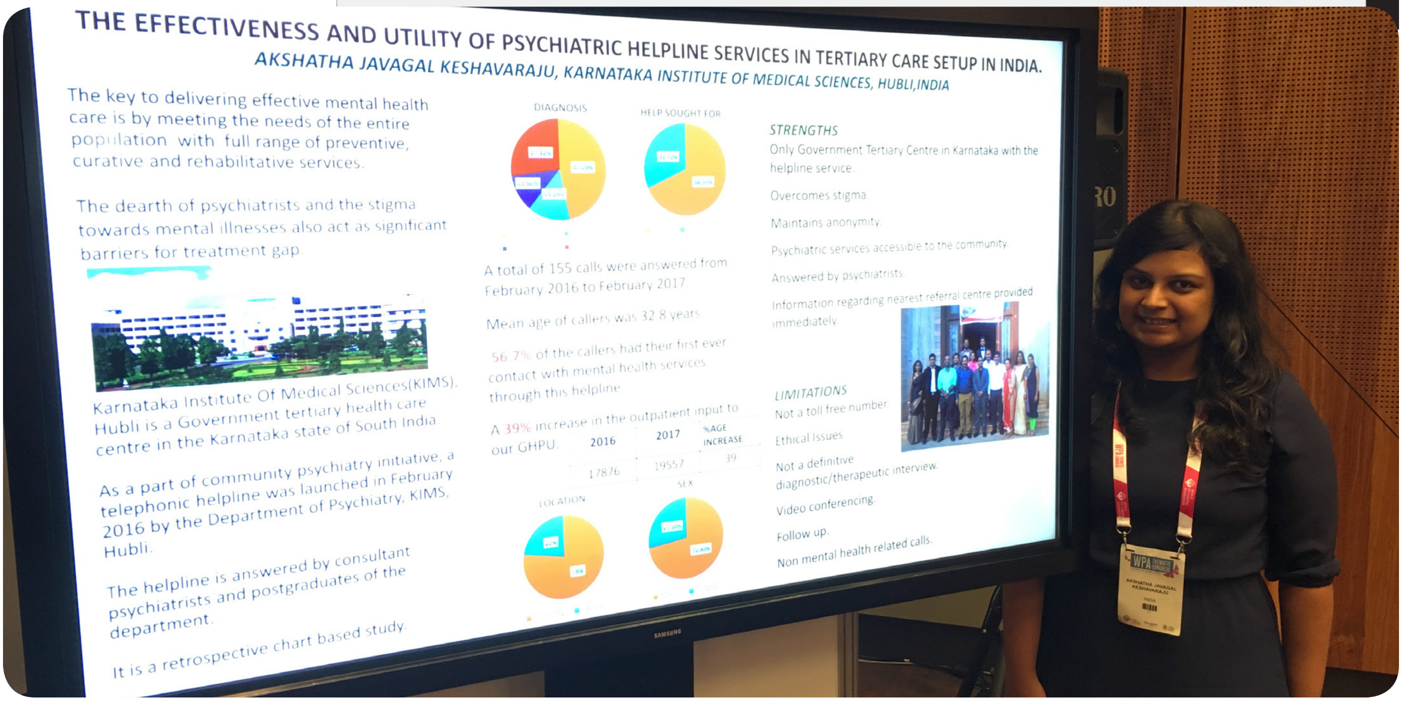
THE WORLD PSYCHIATRIC ASSOCIATION

organised the Psychiatric thematic congress at an international level at Melbourne, Australia from 25-28th February 2018.
Our second year Psychiatry post graduate student Akshatha J K was one of the very few presenters from India at the Congress.

She was selected to speak in the Short Communications presentation at the Congress on the topic

"The Effectiveness and Utilisation of Psychiatry Helpline Services in a tertiary care setup."

The community services of the department were highlighted and the work and presentation was appreciated by the international audience.



THE EFFECTIVENESS AND UTILITY OF PSYCHIATRIC HELPLINE SERVICES IN TERTIARY CARE SETUP IN INDIA.

AKSHATHA JAVAGAL KESHAVARAJU, KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI,INDIA

The key to delivering effective mental health care is by meeting the needs of the entire population with full range of preventive, curative and rehabilitative services.

The dearth of psychiatrists and the stigma towards mental illnesses also act as significant barriers for treatment gap.

Karnataka Institute Of Medical Sciences(KIMS), Hubli is a Government tertiary health care centre in the Karnataka state of South India.

As a part of community psychiatry initiative, a telephonic helpline was launched in February 2016 by the Department of Psychiatry, KIMS, Hubli.

The helpline is answered by consultant psychiatrists and postgraduates of the department.

It is a retrospective chart based study.

A total of 155 calls were answered from February 2016 to February 2017.

Mean age of callers was 32.8 years.

56.7% of the callers had their first ever contact with mental health services through this helpline.

A 39% increase in the outpatient input to our GHPU.

2016	2017	%AGE INCREASE
17876	19557	39

STRENGTHS

Only Government Tertiary Centre in Karnataka with the helpline service.

Overcomes stigma.

Maintains anonymity.

Psychiatric services accessible to the community.

Answered by psychiatrists.

Information regarding nearest referral centre provided immediately.

LIMITATIONS

Not a toll free number.

Ethical Issues.

Not a definitive diagnostic/therapeutic interview.

Video conferencing.

Follow up.

Non mental health related calls.

THE POCKET OF WHITE COAT

ORIGINAL RESEARCH ARTICLES

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Original Article

The Comparative Study of Two Techniques of Lumbar Plexus Block by Anterior and Posterior Approach for Lower Limb Surgery

Milon Vasant Mitragotri, Pushpa Ishwarlal Agrawal[1], Vaishnavi V. Kulkarni[1], Nilambree S. Adke[1], Dharmesh Arvind Ladhad

Department of Anaesthesia, Karnataka Institute of Medical Sciences, Hubli, Karnataka, [1]Department of Anaesthesia, Dr. V. M. Government Medical College, Solapur, Maharashtra, India

Abstract

Background: Lower extremity peripheral nerve blocks (PNBs) have been traditionally less employed compared to other forms of regional anesthesia. The advent of peripheral nerve stimulator and ultrasonography, complications associated with neuraxial anesthesia, and improved rehabilitation with PNBs has led to renewed interest in lower limb blocks. Lumbar plexus block can be given by anterior (Winnie's "3 in 1" block) and posterior (psoas compartment block) approaches. **Subjects and Methods:** In this randomized, observer-blinded study, we compared these techniques in two groups of patients (Group A [*n* = 30] and Group P [*n* = 30]) undergoing lower limb surgeries using nerve locator. They were supplemented with sciatic nerve block by Labat's approach. The primary objective was to compare the onset of sensory and motor blockade. Secondary objectives included the duration of sensory and motor blockade, sparing of nerves and complications if any. The onset of sensory analgesia was assessed by visual analog scale <3 and motor blockage by modified Bromage scale. For data analysis, *t*-test and Chi-square test were applied. **Results:** In Group A, onset of sensory block was 4.816 ± 0.932 min, and in Group P, 17.167 ± 2.364 min. In Group A, the onset of motor action was 7.833 ± 1.227 min, and in Group P, 22.8 ± 4.42 min. The duration of motor block was 5.6 ± 1.07 h in group A and 5.88 ± 0.90 h in Group P. The duration of sensory block was found to be 8.18 ± 1.32 h in Group A and 8.18 ± 0.88 h in Group P. **Conclusion:** Winnie's 3-in-1 block is associated with rapid onset of sensory and motor block but is associated with sparing of lateral femoral cutaneous nerve and obturator nerve causing inadequate analgesia and tourniquet pain needing additional block or sedation compared to psoas compartment block which provides denser block.

Keywords: Lower extremity peripheral nerve block, lumbar plexus, psoas compartment block, sciatic nerve block

Introduction

For lower limb surgery, neuraxial and general anesthesia are tried-and-true methods. They provide reliable, quick way to establish surgical anesthesia. Lower limb blocks have traditionally been less popular than their counterparts in the upper limb. This has been attributed to the onset of action, the density and reliability, the need of two injections in achieving anesthesia. The advent of peripheral nerve stimulator, ultrasonography, improved rehabilitation outcomes, reduced frequency of postoperative vomiting, and earlier discharge have led to renewed interest in lower limb blocks.[1,2] We decided to revisit these blocks to assess and compare primarily the onset of analgesia, their efficacy and safety in providing anesthesia for lower limb surgeries.

Complete anesthesia of the lower limb requires lumbar and sacral plexus blockade by two separate injections. Lumbar plexus block can be given by anterior ("3-in-1" block by Winnie's approach) and posterior approach (psoas compartment block).

We hypothesize that both these approaches have equivocal onset of sensory and motor blockade. We compared both these techniques in lower limb surgeries using nerve locator with a primary objective to assess the onset of

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sensory and motor block. We also studied the duration of sensory and motor block, the sparing of nerves, need of rescue analgesia or additional nerve block and the complications associated. They were supplemented with Labat's sciatic nerve block.

SubjectS and MethodS

After institutional ethical clearance and informed valid consent, adult patients (18–60 years) and American Society of Anesthesiologists (ASA) I–III posted for elective or emergency lower limb surgeries below the gluteal fold such as above and below knee amputation, tibia nailing and plating, excision of tumors, major skin grafting, and knee surgeries were selected. Patients who had sensitivity to local anesthetic, infection at the site of block, bleeding disorder or refusal to be included in the study were excluded from this study. Other specific contraindications such as vertebral and meningeal infectious syndromes, lumbar vertebral trauma, scoliosis, sepsis, psychiatric illness, anxious or agitated patient, diabetic neuropathy, and difficult airway were also considered while selecting patients for the study.

Patients were randomly divided into two groups by an internet software-generated random numbers. Power analysis was done with two-sample *t*-test estimated a sample of 26 in each group to detect a difference of at least 8 min in onset of analgesia with an α error of 5% and power of 80% after considering standard deviation of 10 min for peripheral nerve block (PNB). Considering chances of failure and dropout of 3, a total of sixty patients were enlisted for the study. Group allocation was done by sequentially numbered sealed opaque envelope. The patients and anesthetist performing the procedure were not blinded to the procedure. The data collector and anesthetists monitoring the patient intraoperative were blinded to the group allocation and entered the induction room only after the block was given. The procedure was discussed with the patient as well as the surgeon. Facilities to give general anesthesia and for emergency resuscitation, equipment for PNB were kept ready [Figure 1].

Group A received "3-in -1" block by Winnie's approach using nerve stimulator. Landmarks included mid-inguinal point and femoral artery [Figure 2]. End point for this block was patellar dance with a current <0.5 mA. Firm pressure was placed just distal to the needle during and a few minutes after injecting local anesthetic to allow cephalic spread.

Group P received psoas compartment block. Landmarks included the point of intersection of a line joining the highest point of iliac crest and posterior superior iliac spine (PSIS) [Figure 3]. The stimulation of the femoral nerve produces the contraction of the quadriceps muscle and the movement of the patella, creating a spectacle known as "dancing patella."[3] Traversing from posterior to anterior at the level of L4–L5, the following structures would be encountered: posterior lumbar fascia, paraspinous muscles, anterior lumbar fascia, quadratus lumborum, and the psoas muscle.[4] The

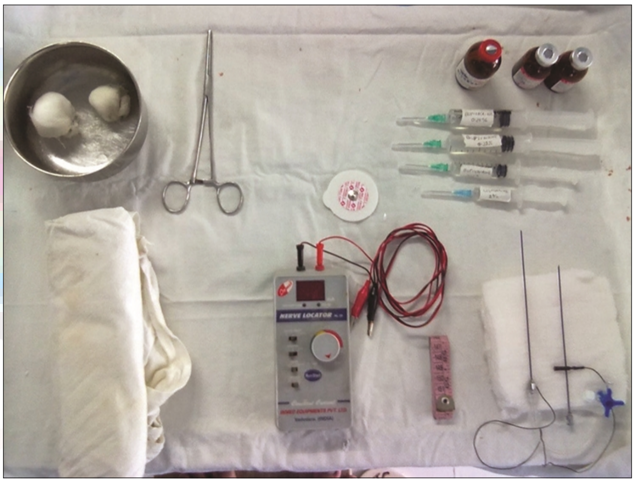

Figure 1: Equipment for peripheral nerve block

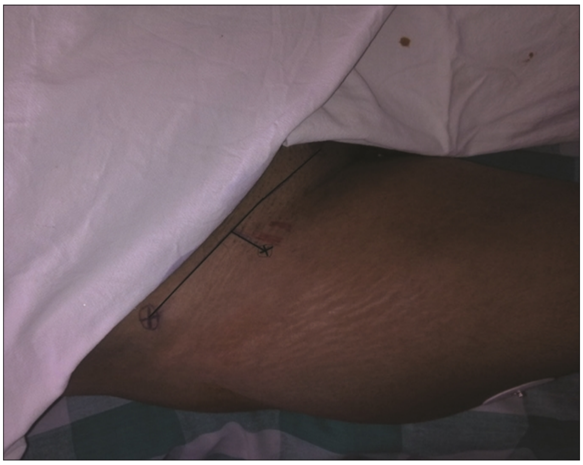

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Figure 2: Lumbar plexus block with Winnie's 3-in-1 block

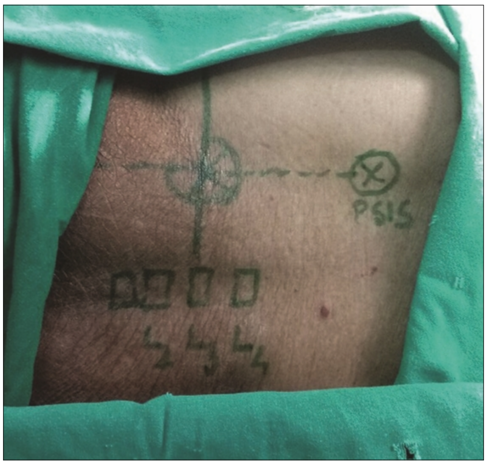

Figure 3: Lumbar plexus block by psoas compartment block

common iliac artery and vein are situated anterior to the psoas muscle.[5] If the transverse process is contacted, the needle is walked off the bony structure, and the lumbar plexus is identified within the next 1.5–2.0 cm.

Both the groups were supplemented with sciatic nerve block by Labat's approach. Landmarks marked were greater trochanter, PSIS, and sacral hiatus [Figure 4].

Injection 0.25% bupivacaine 2 mg/kg was used with volume at each site being equal. Volume of the drug was fixed at 0.5 ml/kg with minimum volume of 15 ml and maximum volume of 35 ml.

Our observations included the onset and duration of sensory and motor block measured from the time of injecting the drug, the sparing of different branches of lumbar plexus after 30 min of injecting drug. The safety of both the approaches and hemodynamic stability was also assessed.

Sensory analgesia to pinprick was assessed up to 30 min in the distribution for each of the nerves of lumbar plexus,[5] that is, medial femoral nerve (L_2–L_4), lateral femoral cutaneous nerve (LFCN) (L_2–L_3), and obturator nerve (L_2–L_4) using visual analog scale (VAS), in which VAS <3 indicates onset of analgesia.[6] Muscular relaxation was assessed using modified "Bromage Scale (0–3)."[7]

Inadequate sensory and motor block were assessed and treated with sedation in the form injection pentazocine and injection ketamine or additional nerve block.

Failure was defined as follows and excluded from the study:

1. If the VAS >5 in the distribution of the two or more nerves after 30 min of injecting drug
2. Bromage scale <2 after 30 min of injecting drug or
3. Block insufficient to perform surgery and needs general anesthesia.

Obturator muscle strength was assessed with the patient supine by determining hip adductor strength using above scale.

Variables were presented as mean ± standard deviation for quantitative continuous data such as onset and duration of block and compared using unpaired *t*-test. Categorical data including sparing of nerves were compared using nonparametric Pearson's Chi-square test. The intragroup differences of the cardiovascular variables recorded over time were analyzed using the repeated-measures ANOVA and intergroup mean values with *t*-test. Statistical significance was defined as $P < 0.05$. Minitab® Inc18.1, Coventry, United Kingdom was used for data tabulation and analysis.

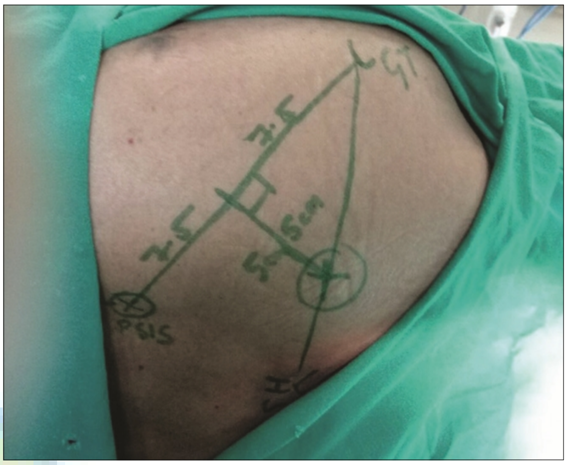

Figure 4: Sciatic nerve block

Results

The demographic characters (age, weight, and sex) were comparable in both the groups [Figure 5]. The number of female patients is less (11.67%) The surgeries performed in both the groups were similar as evident from Table 1. Most of the patients were nonrisk or ASA I patients with no systemic dysfunction (80%).

Onset of sensory action was found to be significantly faster in Group A (4.816 ± 0.932 min) than Group P (17.167 ± 2.364 min) (P = 0.000). Similarly, onset of motor action was significantly faster in Group A (7.833 ± 1.227 min) than Group P (22.8 ± 4.42 min) (P = 0.000).

Table 1: Distribution of various surgeries in the two groups

Operation performed	Group A	Group P
Supracondylar femur interlock	3	3
Tibia interlock	7	13
Tibia lockplate	5	2
Tibia buttress plate	1	-

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Tibia debridement	1	1
Lateral condyle tibia plating	1	1
TBW patella and patellectomy	2	1
Malleolar plating	3	2
Fibulectomy	1	-
Tibia implant removal	1	2
Patella implant removal	-	1
Fibula implant removal	-	1
Knee arthroscopy	3	2
Amputation	1	1
Calcaneus excision	1	-
Total	30	30

TBW: Tension band wiring

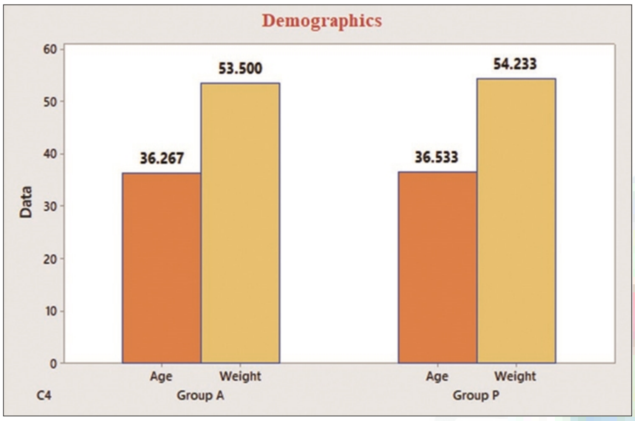

Figure 5: Demographics

In Group A, 11 (36.67%) patients had sparing of nerves, whereas in Group P, 10 (33.3%) patients had sparing, the difference being insignificant ($P = 0.787$). The difference in sparing of LFCN, obturator nerve, and medial femoral nerve between the two groups was also not significant ($P = 0.157$) as evident from Figure 6 and Table 2.

However, the difference in the need of supplementation between the two groups was found to be significant.($P = 0.035$) Nine patients in Group A needed supplementation in form of sedation and analgesia or LFCN block compared to two patients in group P that needed supplementation.

The duration of motor block was 5.6 ± 1.07 h in Group A and 5.88 ± 0.90 h in Group P. The difference in duration of motor action was not found to be significant ($P = 0.517$). The duration of sensory block was found to be 8.18 ± 1.32 h in Group A and 8.18 ± 0.88 h in Group P which was not significantly different.($P = 0.5$)

They were no untoward complications, and intraoperative hemodynamic characteristics were comparable in both the groups.

DISCUSSION

With the demographic characteristics being comparable in both the groups, the number of female patients was less because the most of the cases studied were traumatic and the incidence of road traffic accidents is more in young males than females.[8,9] Although both the procedures being equally efficacious in providing surgical anesthesia, our study inferred that onset of analgesia and motor block was faster by 3-in-1 block compared to psoas compartment block. This could be attributed to the superficial nature of nerves in Winnie's approach compared to the deep-seated and less compact psoas compartment lumbar plexus.[10] Our study has been able to quantify this difference in onset of action between the two blocks. However, it is limited to the blocks performed with nerve locator. Ultrasonography based onset of action needs further study. The onset of sensory and motor block as noted by Kundu *et al*. by psoas compartment block using nerve stimulation was 18.07 ± 2.165 and 33.22 ± 4.569, respectively, which is comparable to our study.[11]

Psoas compartment block provided a more uniform blockade of LFCN, obturator nerve, and medial femoral nerve block than 3-in-1 block. Furthermore, the need of supplementation in the form of additional nerve block or sedation was more in 3-in-1 block. Sedation and analgesia were given in the form of injection pentazocine and titrated doses of injection ketamine. These findings were in harmony with Ganidagli *et al*. and Biboulet *et al*.[12,13] We suggest it is accredited to the invariable distribution of local anesthetic in the posterior approach when compared to anterior. Proximal spread is essential in anterior approach to block obturator and lateral femoral cutaneous nerve block. Radiographic dye assistance with ultrasonography in the future studies can help better understand this variability in the spread of local anesthetic.

There were many other studies done by Pandin *et al*., Kaloul *et al*., Lang *et al*., Parkinson *et al*., and Biboulet *et al*. which compared the percentage of blockade.[13-17] However, due to lack of uniformity in methods of study, they were either

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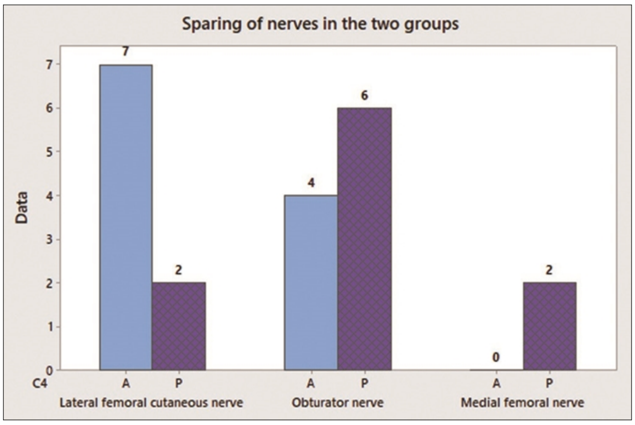

Figure 6: Sparing of nerves in the two groups

Table 2: Percentage of blockage of different nerves in the two groups

Variable	LFCN block (%)	Obturator nerve block (%)	Medial femoral nerve block (%)
Group A	76.6	86.67	100
Group P	93.33	80	93.33

LFCN: Lateral femoral cutaneous nerve

contrary or had same results as our study. Contrary results were due to differing methodologies such as use of paresthesia and ultrasonography (USG), different posterior approaches to the lumbar plexus, method of assessment, and use of adjuvants.

Although the need of rescue analgesic was high in anterior group, the surgical level of anesthesia was adequately achieved. Ganidagli *et al.* found that rescue analgesia was found to less in psoas compartment block compared to Winnie's 3-in-1 block but time to the first analgesic request was not found to be significant.[12]

There were no failures in our study, probably due to the stringent selection of patients who were cooperative and the same anesthesiologist performing all the procedures. There was a patient in Group A who needed injection Propofol for sedation, as surgery was prolonged beyond 2 h and patient complained of tourniquet pain. Yet, general anesthesia was not instituted in this patient and patient recovered uneventfully.

Earlier literature states that failure rates were higher in posterior approach. Parkinson *et al.* had no failures reported in the anterior group but reported 10 patients of failed psoas compartment block.[17] Similarly, Biboulet *et al.* noted 5 failure cases in psoas compartment block.[13] de Visme *et al.*, $n = 29$, judged inadequate anesthesia in 4/15 (27%) patients in the psoas compartment group.[18] Kundu *et al.* ($n = 3$) noted three failures in psoas compartment block.[11] The higher rates of failure with this approach could be due to disparity of depth at which stimulus is elicited.

The use of ultrasonographic imaging for psoas compartment block in adults, unfortunately, has failed to reproduce the excellent images obtained for other peripheral blocks such as brachial plexus or femoral nerve blocks. The main reason is the depth of the plexus at 5–8 cm necessitating the use of lower frequency ultrasound probes (5–8 MHz), resulting in reduced image resolution. Nevertheless, the use of ultrasonographic imaging in conjunction with peripheral nerve stimulation enhances block performance by providing an indication of psoas muscle depth, position of the kidney, and spread of solution.[19,20] We propose the future studies using various imaging modalities such as magnetic resonance imaging, USG, and nerve stimulator to average the skin-plexus distance to avoid these disparities and complication rates.

The difference in duration of motor and sensory block in both the groups was not found to be significant. However, our objectives did not include need of postoperative analgesia. Future research demands comparing the need of postop analgesia between the two approaches.

In the present study, we did not find any significant complications during the surgery and postoperatively. However, due to juxtaposition to vital structures in the back, the psoas compartment block is prone to associated with complications. Earlier studies found that the deep placement of needle increases the risk of possible renal hematoma, retroperitoneal hematoma, pneumocele, and unintended intraabdominal and intravertebral disk catheter placement. Seizures were also reported.[21] Epidural block of local anesthetic is another side effect of psoas compartment block occurring in 9% to 16% patients.[1]

There are case reports of total spinal anesthesia occurring during lumbar plexus blockade and vigilance must be maintained during the management of this block.[1] A major French study of complications after regional anesthesia found five serious complications after 394 psoas compartment blocks, but none after 10,309 femoral nerve blocks.[22] The complications related to psoas compartment block were all either secondary to the occurrence of bilateral anesthesia (intrathecal/epidural) or vascular administration of local anesthetic.

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ConcluSIon

From the above study, we conclude that Winnie's 3-in-1 block is associated with rapid onset of sensory and motor block compared to psoas compartment block using a nerve stimulator. Psoas compartment block performs better considering the uniformity, density of block and need of supplementation. Both techniques provide safe surgical anesthesia with equivocal duration of action and patients remain hemodynamically stable intraoperatively although reviewed literature states the risk of epidural spread and other complications with psoas compartment block.

Financial support and sponsorship Nil.

Conflicts of interest

There are no conflicts of interest.

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ARRHYTHMIA FOLLOWING MIDAZOLAM: PHARMACOKINETICS OR PHARMACOGENOMICS?

Dr. Mitragotri Milon V., Dr. Kurdi Madhuri S., Dr. Yalagachin Gurushantappa H., Dr. Kallapur Basavaraj G

Department of Anaesthesiology, Karnataka Institute of Medical Sciences, Hubli-580021.

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Karnataka Institute of
Medical Sciences, Hubli
-580021.

Midazolam is an imidazole-benzodiazepine compound used to allay anxiety, induce sedation and amnesia to patients undergoing surgeries under general anaesthesia. It is used occasionally prior to regional anaesthesia as an anxiolytic. We report a case of life threatening arrhythmia following midazolam premedication.

A 65 year old otherwise healthy male with good effort tolerance and a pre -hypertensive blood pressure (BP) of 136/86mmHg was scheduled first on the list for fistulectomy under subarachnoid anaesthesia. Monitors were attached. (Pulse, non-invasive blood pressure and pulse oximetry) Intravenous (IV) infusion of ringer lactate(RL) was started. The initial heart rate and BP recorded were 76 per minute and 160/100mmHg respectively. Considering this BP to be due to anxiety, 1mg midazolam, freshly loaded, was given as a bolus intravenously. Patient became restless within a minute following it. Monitor displayed polymorphic ventricular tachycardia followed a few seconds later by bradycardia. (heart rate<40/min). The blood pressure fell to 70mmHg systolic. The patient then became apnoeic and semiconscious. Subsequently we administered 0.6mg atropine and 100% oxygen. The arrhythmia reversed and the patient regained consciousness immediately however the systolic blood pressure still recorded 90mmHg. IV fluid (RL) was rushed in (500ml) and the patient made a full recovery after 30minutes. Immediate 2D-ECHO and cardiologist opinion were sorted. They revealed no significant cardiac condition or on-going ischemia. Blood pressure readings read 150/96mmHg two hours following the event. It was then decided to go ahead with the planned surgery under spinal anaesthesia avoiding midazolam. The further course was uneventful. The patient was informed regarding the event and forewarned against any further exposure to benzodiazepines.

Midazolam, generally considered a safe premedicant, can rarely give rise to a myriad of adverse events including respiratory depression, laryngospasm, respiratory arrest, tonic clonic seizures, pruritus, cardiac arrhythmias, anaphylactic and anaphylactoid reactions.[1] Bigeminy, premature ventricular tachycardia and nodal rhythm occur at less than 1%, apnoea in 15% and hypotension infrequently. Incidence in the study by Rodrigo and others was higher.[2] Williams et al noted that one patient had cardiovascular collapse associated with the dysrhythmia.[3]

We postulate our experience with midazolam to its pharmacokinetics or pharmacogenomics. Midazolam might result in a small inhibition of hERG (human ether-à-go-go-related gene) channels at therapeutic dosages which in turn can critically prolong ventricular repolarization and thereby favour the induction of torsade de pointes. Midazolam exerts inhibitory effects on a variety of ion channels that might counterbalance or even aggravate its pharmacological effects on cardiac electrophysiology.[4] We could not directly attribute our experience to midazolam however there were no other medications administered prior to or after midazolam that could be linked to arrhythmia and hypotension. Some studies have related genetic basis i.e. pharmacogenomics to adverse outcomes such as angina, arrhythmias, myocardial infarction, cognitive dysfunction, renal dysfunction, etc. occurring with anaesthetic drugs.[5]

The cataclysmic arrhythmia and hypotension that occurred following a bolus dose of IV anxiolytic could have been missed if adequate monitoring was not present even with an innocuous drug like midazolam. Prompt diagnosis and counteracting measures saved us from an unfathomable complication of midazolam.

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Original Research Article

A CADAVERIC STUDY ON LATERAL THORACIC ARTERY

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ABSTRACT

Introduction: Lateral thoracic artery is one of the branches of second part of axillary artery which arises near the lateral border of pectoralis minor.

Aim and Objectives: To study the variations in the origin of Lateral thoracic artery and note its pattern.

Materials and methods: 54 axillae from embalmed cadavers allotted for dissection were used for the study. There were 22 male and 5 female cadavers, with ages ranging from 60 to 80 years, specimens of both sides were used.

Results: The commonest variation was common trunk for Lateral thoracic artery and Thoracodorsal Artery (9.5%).

Conclusion: The study was carried out to show important variations in the branching pattern of lateral thoracic artery, in order to orient the surgeons performing reconstructive plastic surgery and modified radial mastectomy.

KEY WORDS: Lateral thoracic artery, Axillary artery, Subscapular artery, Thoracodorsal artery.

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INTRODUCTION

The lateral thoracic artery arises from the second part of the axillary artery. Following the lateral border of pectoralis minor, it passes to the deep surface of pectoralis major as far distally as the fifth intercostal space. It supplies serratus anterior and the pectoral muscles, the axillary lymph nodes and subscapularis. It anastomoses with the internal thoracic,b subscapular, and intercostal arteries and with the pectoral branch of the thoraco-acromial artery. In females it is large and has lateral mammary branches, which curve round the lateral border of pectoralis major to the breast. In both males and females, it gives off cutaneous branches which pass around the lateral border of pectoralis major to supply the skin in this region [1].

Many variations of lateral thoracic artery which have been documented by other authors are as follows:

1. Origin of lateral thoracic artery from subscapular artery.
2. Origin of lateral thoracic artery from either 1st or 2nd part of axillary artery.
3. Origin of lateral thoracic in common with thoracodorsal artery [2].

Proximal part of the main trunk of axis artery of upper limb forms the axillary and brachial arteries and its distal part, the anterior interosseous artery. Variations in branching pattern of axillary artery are due to defects in embryonic development of the vascular plexus of upper limb bud. This may be due to an arrest at any stage of development of vessels followed by regression, retention or reappearance, thus leading to variations in the arterial origin and course of major upper limb vessels [3,4].

Variations of lateral thoracic artery is useful during procedures of lateral aspects of the thorax such as reconstructive plastic surgery and modified radial mastectomy [5].

MATERIALS AND METHODS

54 axillae from embalmed cadavers allotted for dissection in the Department of Anatomy for a duration of 3 years were used for the study. There were 22 male and 5 female cadavers, with ages ranging from 60 to 80 years.

The axillary region was dissected and exposed according to the methods described in Cunningham's Manual of Practical Anatomy. The arterial pattern and variations of PCHA were noted down [6].

Photograph of each specimen was taken after dissection, with digital camera and labelled.

OBSERVATIONS AND RESULTS

Table 1: Arterial pattern of lateral thoracic artery.

Arterial pattern	Male				Female			
	Left (n=22)		Right (n=22)		Left (n=5)		Right (n=5)	
	No.	%	No.	%	No.	%	No.	%
II part of AA	19	86.3	18	81.8	5	100	2	40
LTA + TDA	2	9.2	1	4.5	-	-	2	40
LTA + SSA	1	4.5	2	9.2	-	-	1	20
Double LTA	-	-	1	4.5	-	-	-	-

The classical arterial pattern was observed in 44 (81.5%) specimens and 10 (18.5%) specimens were variant. Common trunk for LTA & TDA was observed in 5 (9.5%) specimens and common trunk for LTA & SSA was observed in 4 (7.2%). In one specimen (1.8%) we noted double LTA, one from common trunk for LTA and SSA and another arising from SSA. (Specimen no. 3)

Fig. 1: Showing common trunk (CT) for Lateral thoracic artery (LTA) and Thoracodorsal artery (TDA).

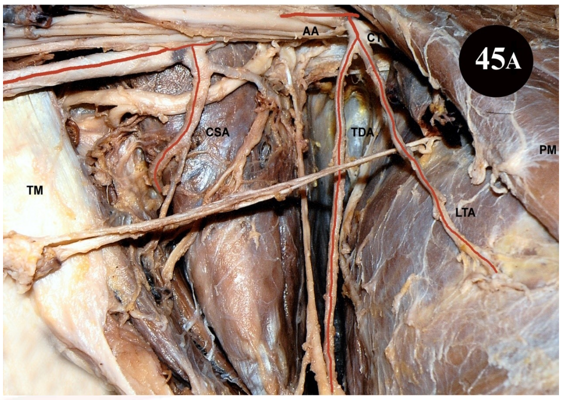


Fig. 2: Showing common trunk (CT) for Lateral thoracic artery (LTA) and Subscapular artery (SSA).

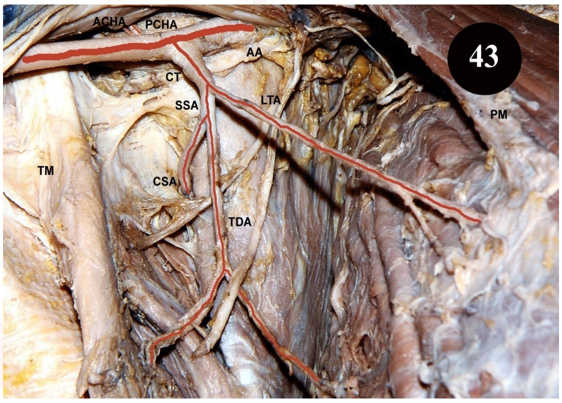
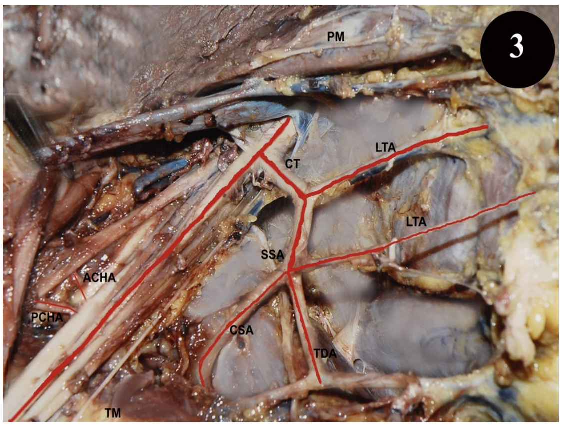


Fig. 3: Showing double Lateral thoracic artery, common trunk (CT) for Lateral thoracic artery (LTA) and Subscapular artery (SSA), second LTA arising from SSA.



DISCUSSION

Based on observations made by Trotter M and co-authors (1930), on dissections of 384 arms reported that the lateral thoracic arose from subscapular in 24, whereas in our study it was seen in 4 specimens [7].

Table 2: Comparison of sites of origin of **LTA [8].**

Sl. No.	Name of Author	Site of origin in (%)	
		Directly from II part of AA	In common with SSA
1	Pellegerini et al [14]	70.2	7.7
2	Adachi et al [14]	40	-
3	DeGaris et al [14]	55.9	1.2
4	Trotter et al [7]	69.6	-
5	Tan CBC et al [2]	71.4	-
6	Huelke Df [10]	52.2	14
7	Patnaik VVG et al [8]	82	6
8	Present study	81.5	7.2

The above table signifies that LTA was a constant direct branch from second part of axillary artery with percentage ranging from 40 to 82, findings in our study was within the same range with 81.5 %. The variant variety with SSA ranged between 1.2 % to 14%, in our study it was 7.2 %.

In a study conducted by Ming-Tzu P (1940) on 70 axillae of Chinese population made observations based on mode of origin of the branches of the axillary artery and various types were classified according to the different arrangements of its branches. Of the 20 types, Subscapular Artery with lateral thoracic artery was seen in 11.4%,whereas in our study it was 7.2 % [9].

In a study conducted by Huelke DF (1959) in 89 adult cadavers reported that, the lateral thoracic artery when variant was more often a branch of the subscapular or thoracodorsal artery similar to the variant patterns in our study [10].

Olinger A and Benninger B in their study conducted on 166 axillae found that LTA arose with TDA in 7.2 %, in our study we observed a little higher incidence of 9.5% [11].

Astik R and Dave U, in their study found lateral thoracic artery arising from subscapular artery in 16 out of 80 upperlimbs (20%) which was higher compared to our study(7.2%) [12].

Magden O (2007) reported a case in which the lateral thoracic and thoracodorsal arteries arose together from the third part of the axillary artery as “a lateral thoracic – thoracodorsal” common trunk, similar pattern was observed in 5 specimens in our study [13].

Loukas M et al. observed that multiple LTAs were present in 3.09% (26 out of 420 specimens) whereas in our study we found in 1.8%(1 out of 54 specimens) [5].

According to Bergman RA, lateral thoracic artery may arise from the thoracoacromial in 12% as compared to 9.2% in our study. In about 24% of cases it is doubled (Poynter), in comparision to1.8% in our study [14].

CONCLUSION

Most common variation noted in present study was common trunk for lateral thoracic artery and thoracodorsal artery. Variations of lateral thoracic artery is useful during procedures of lateral aspects of the thorax such as reconstructive plastic surgery and modified radial mastectomy.

ABBREVIATIONS

AA - Axillary artery

CT - Common trunk

LTA - Lateral thoracic artery

PM - Pectoralis minor

SSA - Subscapular artery

TDA - Thoracodorsal artery

Conflicts of Interests: None

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Case Report

Phenytoin induced Stevens-Johnson syndrome: a case report

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ABSTRACT

Toxic epidermal necrolysis (TEN) and Stevens-Johnson syndrome (SJS) are rare but potentially life threatening cutaneous adverse drug reactions. Drugs commonly implicated are anti-microbials, anti-epileptics and non-steroidal anti-inflammatory drugs (NSAIDs). Amongst anti-epileptics, carbamazepine and phenytoin are the most common offending drugs. We report here a case of SJS due to phenytoin.

Keywords: Phenytoin, SJS, Seizure, TEN

INTRODUCTION

According to WHO, adverse drug reaction is defined as "any response to drug which is noxious or unintended and occurs at a dose normally used in man for prophylaxis, diagnosis or treatment of diseases or for modification of physiological function".[1] ADRs may be said to be the inevitable price we pay for the benefits of modern drug therapy. Yearly estimates of the proportion of outpatients with an adverse drug event range from 5% to 35%.[2] The relative risk of Stevens Johnson syndrome and toxic epidermal necrolysis, perhaps the most important severe cutaneous reactions have been found to be due to sulfonamide antibiotics, amine antiepileptic (phenytoin and carbamazepine), lamotrigine and oxicam NSAIDs.[3] We report here a case of Stevens Johnson syndrome due to phenytoin.

CASE REPORT

A 14 year old girl presented with chief complaint of fluid filled skin lesion all over the body. She was admitted to the Department of Dermatology, KIMS, Hubballi. Patient had 3 days history of fluid filled lesions in the mouth and over the lips, which then burst open leaving erosions over both lips and oral cavity. The fluid filled lesions then developed on neck, back, trunk, both hands and legs which increased in size over few hours. Patient had 2 days history of fever for which she consumed one dose each of tablet paracetamol 500mg and tablet cefixime 200mg. Past medical history is remarkable for epilepsy. She had her first episode of seizure one year back for which she did not receive any treatment. This was diagnosed one month back when she had another episode of seizure, for which she was prescribed tablet phenytoin 100 mg once daily. The patient was on treatment with the same since then. She had no known drug allergy and had no significant family history. There was no history of joint pain or abdominal pain. Patient however, complained of decreased appetite and disturbed sleep for 3 days. Physical examination: Patient was moderately built, febrile and was well oriented. On dermatological examination, multiple vesicles over the trunk, back, face and both upper limbs and lower limbs were noted. Multiple bullae on trunk and back were seen. She had eroded lesions and white slough on the lips and in oral cavity. Lesions were also seen on the genitalia. On ophthalmic examination, blepharitis was present.

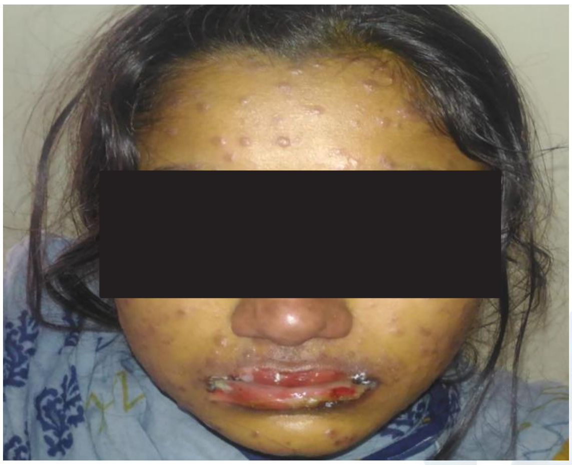
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Figure 1: Erosions on the lips.

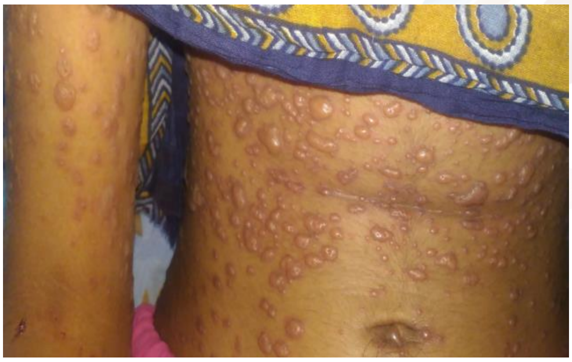

Figure 2: Multiple vesicles over the abdomen.

Laboratory investigations included a total leucocyte count of 7200cells/cumm, serum creatinine- 0.7mg/dl, blood urea- 29mg/dl, AST- 32IU/L, ALT- 31IU/L, alkaline phosphatise- 61IU/L, total protein- 5.7g/dl, HIV I/II antibodies alkaline phosphatase and HBsAg were negative.

Diagnosis and management

The patient was diagnosed to have Stevens Johnson Syndrome induced by phenytoin with a SCORETEN score of 3. Phenytoin was immediately stopped and was replaced with tablet levetiracetam. She was treated with dexamethasone, co-amoxiclav, cyclosporine and moxifloxacin eye drops. She was also given meropenem gel and metronidazole for topical application, chlorhexidine mouth wash and paracetamol.

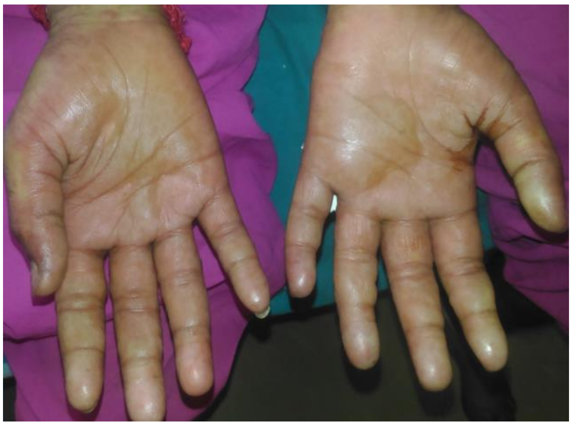

Figure 3: Bullae on the palms.

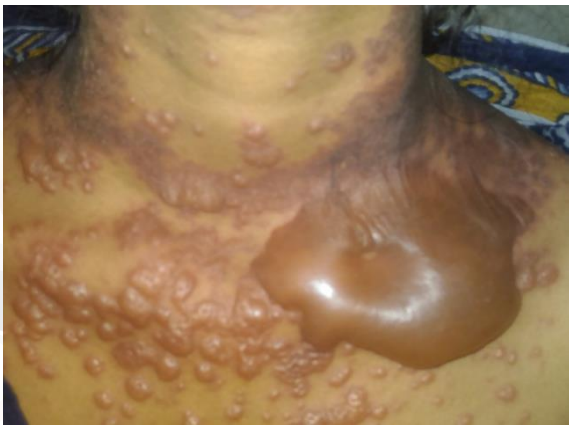

Figure 4: Bullae on the neck.

DISCUSSION

Toxic epidermal necrolysis (TEN) and Stevens Johnson Syndrome (SJS) are severe adverse cutaneous drug reactions that predominantly involve the skin and mucous membranes. They are characterized by mucocutaneous tenderness and typically hemorrhagic erosions, erythema and more or less severe epidermal detachment presenting as blisters and areas of denuded skin. Currently, TEN and SJS are considered to be two ends of a spectrum of severe epidermolytic adverse cutaneous drug reactions, differing only by their extent of skin detachment. In SJS less than 10% of body surface area is involved and in TEN more than 30% is involved.[4] Drugs are identified as the main cause of SJS/TEN in most cases, but Mycoplasma pneumoniae and Herpes simplex virus infections are well documented causes.

Several drugs are at ‘high’ risk of inducing TEN/SJS including: Allopurinol, Trimethoprim-sulfamethoxazole and other sulfonamide antibiotics, aminopenicillins, cephalosporins, quinolones, carbamazepine, phenytoin, phenobarbital and NSAIDs of the oxicam type. Amongst anti-epileptics, phenytoin and carbamazepine have been reported to be the most common cause.[5] Genetic susceptibility to SJS and TEN is likely. Risk of developing SJS/TEN in patients who carry HLA-B*1502 allele is very high.[6] Diagnosis relies mainly on clinical signs together with the histological analysis of a skin biopsy showing typical full thickness epidermal necrolysis due to extensive keratinocyte apoptosis. Differential diagnosis includes linear IgA dermatosis and paraneoplastic pemphigus, pemphigus vulgaris and bullous pemphigoid, acute generalized exanthematous pustulosis (AGEP), disseminated fixed bullous drug eruption and staphyloccocal scalded skin syndrome (SSSS). Hence it is essential to take detailed drug history of the patient.

Typical clinical signs initially include areas of erythematous and livid macules on the skin, on which a positive Nikolsky sign can be elicited. Mucosal, including ocular, involvement develops shortly before or simultaneously with skin signs in almost all cases. The prognosis of a case of SJS/TEN is made using a validated SCORTEN disease severity scoring system. Patients with a SCORTEN score of 3 or above should be managed in an intensive care unit. The earlier the causative drug is withdrawn, the better the prognosis, and that patients exposed to causative drugs with long half lives have an increased risk of dying.[7]

Various authors have reported varying incidences of SJS with phenytoin. In a study, 28.8% of all SJS/TEN cases were due to antiepileptic agents of which, phenytoin was the most common drug.[8] She was prescribed phenytoin, following consumption of which the patient developed SJS.[9] Bhanu et al reported a case of SJS in a 30 year old female who had received phenytoin for seizure disorder.[10] Causality analysis using Naranjo’s scale showed that phenytoin is the probable cause of the adverse reaction in our case (score=6).

SJS/TEN is a life threatening condition and therefore supportive care is an essential part of the therapeutic approach. It involves management of fluid and electrolyte requirements. Prophylactic antibiotic use is recommended. Use of corticosteroid in management of SJS is controversial. If steroids are to be used it should be initiated during initial stage (within 72 hours) and rapidly tapered off.[11] Early administration of high-dose immunoglobulin has been recommended.[12] The mortality rate of SJS and TEN is high. Renal involvement can occur in such cases causing proteinuria, haematuria, azotemia. Bacteremia/sepsis is usually the cause of death in these cases. In the present case however, patient recovered well with the given treatment.

CONCLUSION

From this study it was concluded, knowledge of the past medical history of the patient regarding past drug allergy, family history of drug allergy or death in the family due to a drug is of great importance in order to avoid morbidity and mortality associated with SJS and TEN. It is of utmost importance to be vigilant while administering drugs known to cause SJS. Early diagnosis, identification of the culprit drug, its prompt withdrawal and specialized supportive care is the key to management of a case of SJS. Since phenytoin is one of the commonest antiepileptic drugs to cause SJS and TEN, its use for seizure prophylaxis and treatment needs to be reconsidered in view of safer alternatives available.

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Original Research Article

A STUDY OF SACRALISATION OF FIFTH LUMBAR VERTEBRA IN SOUTH INDIAN POPULATION

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ABSTRACT

Background: Among the congenital anomalies of the spine LSTV- Lumbosacral Transitional Vertebra is the most common anomaly which is associated with the complaint of low back pain in modern era. LSTVs include sacralisation of the lowermost lumbar vertebra as well as lumbarisation of uppermost sacral segment.

Aims and Objectives: The present study was done to know the incidence of sacralisation of fifth lumbar vertebra in South Indian Population.

Materials and Methods: The present study includes 70 dry adult human sacra of both sexes. Note was made on the number of sacral segments in each sacrum. Sacrum with six elements and five sacral foramina were identified and studied.

Results and Conclusion: In the present study sacralisation was observed in 8 sacra. The knowledge of sacralisation of fifth lumbar vertebra is important to clinicians in the diagnosis and treatment of low back pain.

KEY WORDS: Sacralisation, Vertebra, Low backpain.

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INTRODUCTION

In modern era about 80% of general population complains of low back pain [1]. Back pain may be contributed by congenital anomalies of the spine along with various other causes. Among the congenital anomalies of the spine, LSTV- Lumbosacral Transitional Vertebra is most common anomaly which is associated with complaint of low back pain. LSTVs include sacralisation of lowermost lumbar vertebra as well as lumbarisation of uppermost sacral segment. LSTVs are seen with a reported prevalence of 4%–30% [2]. Lumbosacral transitional vertebrae (LSTV) are congenital anomalies of the lumbosacral region, observed for the first time by Bertolotti in 1917 [3]. These occur due to defect in the segmentation during development. In sacralisation the transverse process of fifth lumbar vertebra becomes larger than the normal on one side or on both sides and fuses with the sacrum or ilium or both. Thus such sacra show six elements and five sacral foramina. Sacralisation can be unilateral or bilateral. It can also be complete and incomplete. In complete sacralisation there is complete bony union between abnormal transverse process of fifth lumbar vertebra and the sacrum, where as in incomplete sacralisation there is a well defined joint line between the transverse process and the sacrum. According to Bertolotti these abnormal vertebrae may produce low back pain due to arthritic changes occurring at the site of false articulation [3]. Low back pain may also be due to chronic faulty biomechanics in these cases [4].

Aims and objectives: The present study was done to know the incidence of sacralisation of fifth lumbar vertebra in South Indian Population.

MATERIALS AND METHODS

The present study includes 70 dry adult human sacra of both sexes obtained during undergraduate teaching in the department of anatomy in our institution. Sacra which were deviating from the definition of sacralisation were excluded from the study. Note was made on the number of sacral segments in each sacrum to identify sacralisation. Sacrum with six elements and five sacral formina were identified and studied. Bony fusion of the transverse process and vertebral body of sacralised bones were observed. It was also noted whether bony fusion was unilateral and bilateral in these bones.

RESULTS AND DISCUSSION

Fig. 1: Sacra showing sacralisation of lumbar vertebra.

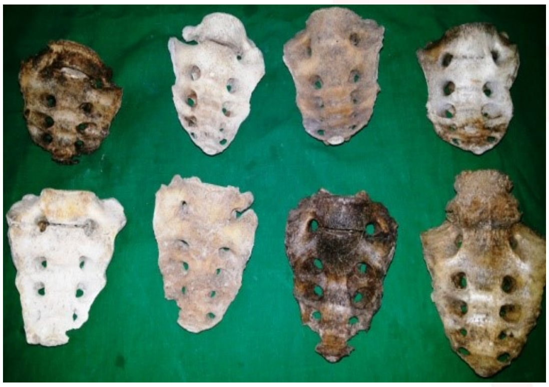


Fig. 2: Sacra showing bilateral sacralisation. 1st and 4th sacra – vertebral body not fused.

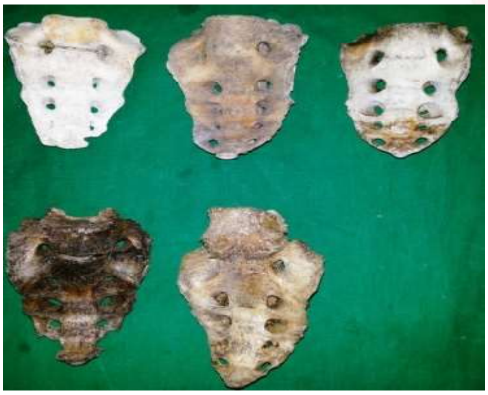
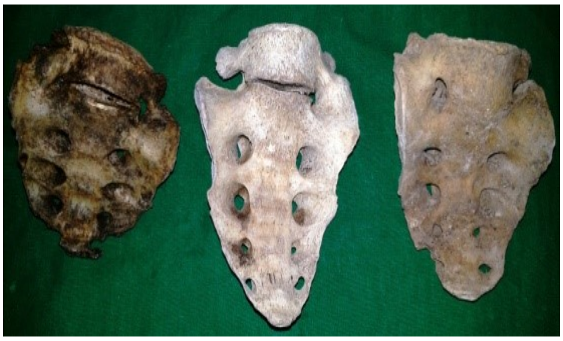


Fig. 3: Sacra showing unilateral sacralisation.



1st – Left side transverse process partially fused; vertebral body not fused.

2nd – right side transverse process not fused; vertebral body not fused.

3rd – left side transverse process not fused; vertebral body completely fused.

In the present study out of 70 dry sacra, 8 (11.42%) were seen to have sacralisation . Out of these 8, bilateral sacralisation was observed in 5 sacra (7.14%) and unilateral sacralisation was observed in 3 sacra (4.28%).

Table 1: Comparison of incidence of sacralisation of lumbar vertebra.

Authors	Population	Incidence
Kubavat et al [4]	Indians -Gujarat	11.10%
Karan et al [5]	Indians- Maharastra	6.60%
Moore & Illinois [6]	Americans	3.30%
Brailsford [7]	Natives of Britain	8.10%
Sangeeta [8]	Indians- Jammu	Single case report
Present study	Indians- Karnataka	11.42%

The occurrence of lumbosacral transitional vertebra is linked to its embryological development and osteological defects. Embryologically, the vertebra receives contribution from caudal half of one sclerotome and from the cranial half of succeeding sclerotome [9]. The clinical significance of sacralisation of lumbar vertebra has been associated with neurological deficit & low back pain. The complications of sacralization of 5th lumbar vertebra which cause low back pain, spinal or radicular pain are due to pressure on nerves or nerve trunks, ligamentous strain around the sacralization, compression of soft tissues between bony joints, by arthritis if a joint is present, by a bursitis if a bursa is present [5]. In this condition as intervertebral disc space netweem L5 and S1 is narrow and thin there are higher chances of disc herniation, sciatic pain. As the pattern of sacralisation varies from person to person, the signs and symptoms also vary in severity and intensity. This condition is linked with problems in biomechanics and affects the movements and posture control. Unilateral and incomplete variety of sacralisation can make the working of spine difficult. Subsequently lumbar scoliosis can develop. In females with sacrali-sation of 5th lumbar vertebra, pelvic mobility is reduced during labour.

CONCLUSION

Knowledge of sacralisation is important for Radiologists for accurate numerical identification of vertebral segments on various imaging techniques; for orthopaedic and neurosurgeons working in this region to avoid surgery at an incorrect level; for anaesthetitsts as the land mark used for needle insertion for spinal anaesthesia and lumbar puncture is affected. The intercrestal line normally corresponds with the level L4/L5. Sacralisation of 5th lumbar vertebra affects the position of the intercrestal line (the line connecting the highest points of the iliac crests, also called ‘Tuffier’s line’), and on the location of the conus medullaris. The knowledge of present study is also required to forensic experts as tool for stature estimation and identification of skeletal remains, provided antemortem records are available and this confirms identity. Clinically the present study emphasizes its relevance in incorrect numbering during the planning of spinal surgery and prevention of serious consequences.

Conflicts of Interests: None

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THE POCKET OF WHITE COAT

SECTION II

RARE CASE

Author's name : Dr.Gurushantappa Yalagachin.
M.S, D.N.B, F.M.A.S, F.I.AG.E.S

Co Author's name : Amar A Khajapur

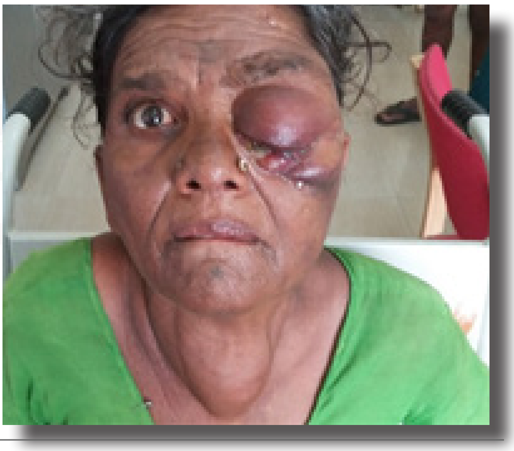
FOLLICULAR CA THYROID WITH SECONDARIES IN THE ORBIT IS A RARE ENTITY. THEY PRESENT AS AN AMELANOTIC LESION AGAINST A BACKGROUND OF NO SYSTEMIC DISEASE.

REPORT OF THE CASE

65 YEAR OLD FEMALE, HOMEMAKER FROM HUBBALLI

CHIEF COMPLAINTS:

1. Protrusion of left eye – 3 months
2. Loss of vision in left eye – 3 months
3. Discharge from the left eye – 2 months



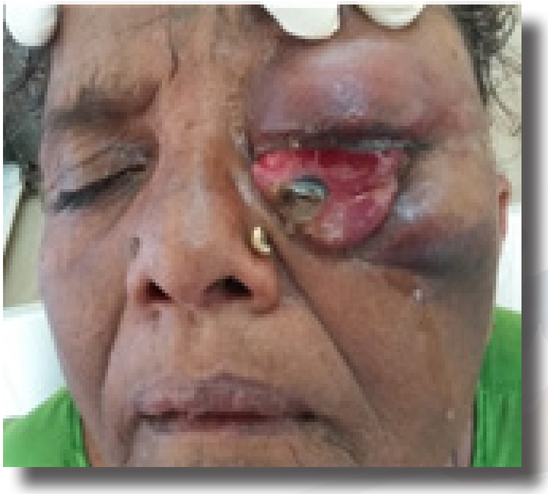
65 YEAR OLD FEMALE, HOMEMAKER FROM HUBBALLI

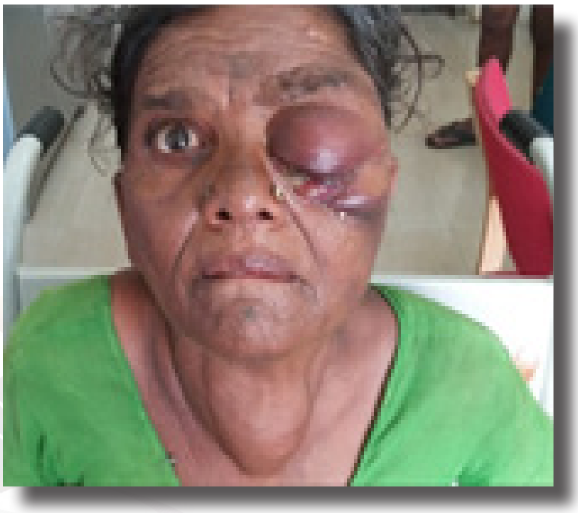
HISTORY OF PRESENTING ILLNESS:

- Patient was apparently alright 3 months back when she noticed protrusion of the left eye, insidious in onset, gradually progressive in nature.
- Associated with continuous dull aching pain.
- Loss of vision in the left eye since 3 months.
- Discharge from the left eye since 2 months, scanty, serous in nature.
- No history of trauma, seizures and headache.
- No known medical co morbid conditions
- No similar complaints in the family

EXAMINATION

- On GPE patient is an elderly female moderately built and nourished with karnofsky' performance score of 90Associated with continuous dull aching pain.
- Local examination revealed protrusion of left eye and surrounding erythema, chemosed lower eyelid, pthisis bulbi with ulceration of cornea and serous discharge.Discharge from the left eye since 2 months, scanty, serous in nature.
- Later her thyroid swelling was noticed and examined. Swelling in front of the neck of size 6x4cm extending from anterior border of right sternocleidomastoid to the left sternocleidomastoid, Nodular surface and Firm in consistency. Lower border could be made out.



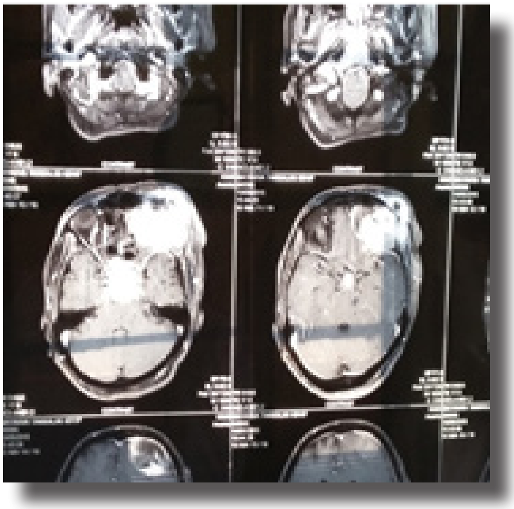


CLINICAL DIAGNOSIS

- Follicular CA Thyroid with secondaries in the orbit resulting in proptosis and pthisis bulbi.

INVESTIGATIONS

- USG Neck – Enlarged thyroid with multiple nodules
- FNAC of thyroid swelling – Follicular carcinoma.
- CT Head-revealed Metastasis in the left eye.



MANAGEMENT AND FOLLOW UP

- Total Thyroidectomy was done.
- Secondary metastasis in the eye subsided after six months following total thyroidectomy (Spontaneous regression).
- Patient needs to be followed up with nuclide scan (I^{123}) to find out residual gland in the neck and metastatic deposits in other parts of the body one month after surgery (to have raised TSH).
- Followed by ablative (I^{131}) therapy for residual/metastatic deposits.
- Suppression dose of levothyroxine must be provided lifelong.

RARE CASE

Authors: Dr. BHAVYA B.S. & Dr.RAJESHWARI C. ELIGAR
(Assistant Professor) & (Professor & HOD)
DEPARTMENT OF ANATOMY, KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI

CROSSED FUSED RENAL ECTOPIA

Crossed fused renal ectopia is one of the rarest congenital anomaly where one kidney crosses over to opposite side and parenchyma of two kidneys fuse. Surgeons should be aware of ectopic and fused kidneys to minimize perioperative complications because of the uncertain anatomy.

Routine dissection of an adult male cadaver approximately 55 year old revealed presence of ectopic right kidney fused to lower pole of the left, with multiple aberrant renal arteries and anomalous renal veins.

The renal mass rested on the left psoas major muscle.

The ureters were normal, the left (upper) had a normal pelvis while the right (lower) had an extrarenal pelvis which was rotated anteriorly.

The two ureters entered the bladder normally the right ureter crossing the midline.

The renal mass received 5 renal arteries all from abdominal aorta. 1st (RA1) & 2nd (RA2) had large calibre whereas 3rd (RA3), 4th (RA4), 5th (RA5) had smaller caliber supplying crossed fused kidney.

The left renal vein (LRV) drained the left kidney, receiving the suprarenal, gonadal veins normally and in addition received Right renal vein (RRV) draining right crossed kidney.

Right side showed empty renal fossa with intact adrenal gland with its vein joining IVC.

Left suprarenal gland was also normal.

No other anomalies were noted.

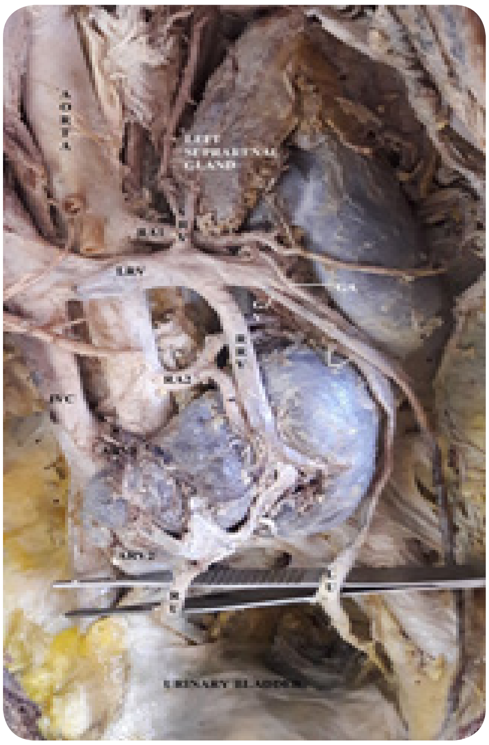

AORTA
LEFT SUPRARENAL GLAND
LRV
IVC
URINARY BLADDER

Figure 1: In situ

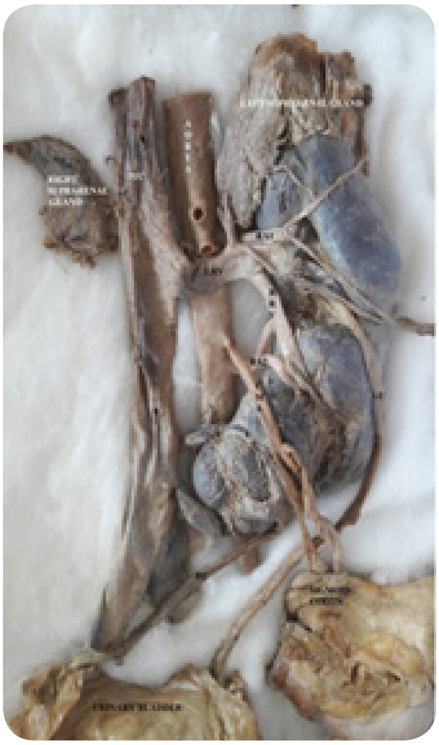

AORTA
RIGHT SUPRARENAL GLAND
URINARY BLADDER

Figure 2: Anterior view

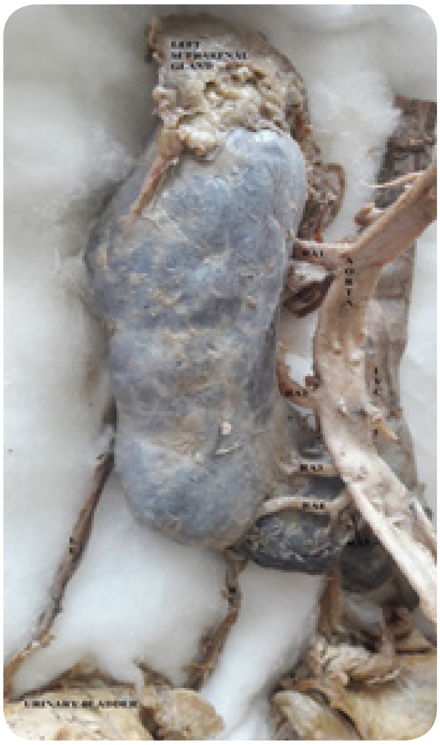

LEFT SUPRARENAL GLAND
AORTA
URINARY BLADDER

Figure 3: Posterior view

The factors responsible for this type of ectopia and fusion were still undetermined. However, Wilmer suggested that crossover occur as a result of pressure from abnormally positioned umbilical arteries that prevent the normal ascent of the kidney which then follows a path of least resistance to the opposite side.

Some more proposed theories are:

A. Faulty ureteric bud development.
B. Teratogenic factors.
C. Abnormal variation in the growth of the hind gut.
D. Abnormal position of the caecum.

RARE CASE

Author's name-Dr.Sahaja Kittur

Co-author's name-Aishwarya Sindhur

COMMON ATRIUM WITH SINGLE VENTRICLE

INTRODUCTION

Single ventricle defects including both atria emptying into one ventricle is a rare entity with an incidence of 0.05-1 per 10000 live births, median survival age of which is 14 years whereas single atrium is again a rare thing and combination of both is such a rare entity that only 2 live cases have been reported till now.

REPORT OF THE CASE

- 28 year old primigravida presented to OPD with a history of 8 months of amenorrhea and complaints of swelling of feet, fatigability since a week.
- She is a k/c/o complex cyanotic congenital heart disease since she was 6 years old , since then she was on regular endocarditis prophylaxis

EXAMINATION

- On GPE, she had grade 2 clubbing, cyanosis and pedal edema.
- CVS examination revealed parasternal heave, loud S1, mid diastolic and ejection systolic murmur, Patient belonged to NYHA class 2.
- P/A examination suggestive of IUGR and breech presentation.

INVESTIGATIONS

- 2D-ECHO revealed cyanotic congenital heart disease with large nonrestrictive atrial and ventricular septal defect with bidirectional flow (almost single atrium and single ventricle), Hypoplasia of left side chambers, single AV valve.
- Urine examination revealed mild proteinuria.
- USG showed SLIUG of 34 weeks with IUGR with oligohydramnios
- MRI was done.

MANAGEMENT

- Elective LSCS was planned but she went into spontaneous labor at 36 weeks and 6 days, so emergency LSCS was done under graded epidural anesthesia and local infiltration of lignocaine.
- A live baby of 2 kg was delivered. Post operatively she had persistent tachycardia and desaturation, was shifted to cardiac ICU and discharged after 1 month with stable conditions.

A COMPARATIVE STUDY ON THE EFFECTS OF CONVENTIONAL AND NEWER ANTI EPILEPTIC DRUGS ON THE SERUM LIPID PROFILE IN ADULTS WITH EPILEPSY AND ADR MONITORING IN THEM

ICMR ARTICLE

Shivani Singh Chhetri
MBBS Phase III/II , (Advitiyas)

Under the guidance of Dr.Janaki R Torvi
Associate Professor, Dept. ofpharmacology, KIMS,
Hubballi.

INTRODUCTION

“The word ‘Epilepsy’ is from the Ancient Greek word ‘epilepsia’ meaning ‘to take hold of’ or to attack or seize. The multiple, unprovoked, unpredictable incidences of paroxysmal cerebral dysrhythmia, manifesting as brief episodes of seizures, accompanied sometimes with the loss of consciousness, with or without characteristic convulsions, at variable frequency characterize epilepsy. It is defined as having two or more unprovoked seizures.Epilepsy has significant economic implications in terms of health care needs, premature death and lost work productivity.

And patients with epilepsy often require lifelong treatment with medications.
Quite expectedly, prolonged antiepileptic

And also among all Phenytoin has one of most problematic drug interactions as well as adverse effects apart from being a CYP450 enzyme- inducing drug.

Another most commonly used AED is Valproate which acts by a variety of mechanisms including GABA facilitation, Sodium channel modulation as well as Glutamate blockade and is a potent inhibitor of both oxidation by CYP450 enzyme and glucuronidation by the liver enzymes. Both of the above stated drugs are conventional AEDs. Over the last few decades these drugs are being replaced by Newer-generation AEDs like pyrrolidines e.g. Levetiracetam, triazines e.g. lamotrigine which are minimally metabolized and do not interfere with the hepatic CYP450

Moreover, switching from inducing AEDs to non-inducing AEDs led to a significant decrease in these markers of atherothrombotic risk.Since enzyme-inducing AEDs like Carbamazepine, Phenytoin etc. promote proatherogenic factors, concerns have been raised regarding their use as first-line agents in the absence of studies properly assessing their effect on the risk of cardiovascular and cerebrovascular events.(9) Conversely, Valproate, which possesses enzyme inhibiting properties, has not been associated with such metabolic changes. However, the net vascular effect of Sodium Valproate is unclear as Valproate could have a proatherogenic effect through induction of insulin resistance, body weight gain, metabolic syndrome and increased oxidative stress.

Some studies suggest stronger correlations between use of antiepileptics and cerebrovascular disease with mortality ratios 3.7 to 5.3 and morbidity close to 7.Whereas several other studies found a lower prevalence of ischemic heart disease and in patients on enzyme inducing AEDs.

Comparatively, the newer generation drugs like Levetiracetam are reported to cause minimal or no effects on cholesterol metabolism and serum lipids.

Hence the previous reports of studies on this issue are contradictory about the actual effects of the older generation, enzyme inducing AEDs on the metabolic parameters especially serum lipid profile among the young adults, taking monotherapy of these AEDs. Most of these researches are

AIMS AND OBJECTIVES

WE AIM TO:

1. Compare the serum lipid alterations due to prolonged use of Antiepileptic drugs in the adult patients by separate assessment of lipid profile of patients on conventional drug monotherapy (e.g. most popular drugs like Phenytoin and Valproic acid) and newer generation (e.g. Levetiracetam) drug monotherapy and comparing them with the lipid profiles of age and sex matching controls.

MATERIALS AND METHODS

A prospective cross sectional open labelled study was conducted in the Department of Pharmacology in collaboration with the department of Psychiatry and Department of Neurology, in Karnataka Institute of Medical Sciences, Hubli (Tertiary care hospital). This study involved a total number of 45 adult patients of Epilepsy along with 45 adult controls aged between 18- 45 years visiting Psychiatry and Neurology

INCLUSION CRITERIA:

(a) Adult patients of Epilepsy between age group 18-45 years of age of both the sexes, visiting Psychiatry and Neurology OPD, KIMS Hubli, Karnataka during the above mentioned period of study.

(b) Taking monotherapy of Antiepileptic Drugs (AEDs) for 6months or more in order to obtain the long term effects of the Anti-Epileptic treatment. (c) Willing to participate and cooperate for study investigations.

EXCLUSION CRITERIA:

(a) Patients taking Alchohol or any other form of substance abuse since both of them cause alterations in the serum lipid profile by affecting HDL- C and Total cholesterol levels on moderate and high consumption for a long time.

(b) Any psychotic or other neurological disorders as the antipsychotic drugs are also associated with fluctuations in the serum triglycerides.(16) (c) Patients with any genetic or metabolic disorders affecting lipid metabolism or patients on hypolipidaemic drugs.

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PROCEDURE:

A total number of 45 adult patients of epilepsy (15 females and 30 males) taking AED monotherapy treatment for 6 months or more in 3 different categories:

Category 1: Patients on monotherapy of PHENYTOIN (4 females and 11 males)

Category 2: Patients on monotherapy of VALPROIC ACID (3 females and 12 males)

Category 3: Patients on monotherapy of LEVETIRACETAM (8 females and 7 males).

And after taking informed consent were investigated for the following serum lipid parameters:

(i) Total Cholesterol (TC)

(ii) Triglycerides (TGs)

(iii) High Density Lipoprotein (HDL-C)

(iv) Low Density Lipoprotein (LDL-C)

And the results were compared among the three categories and with the results of the serum lipid profile investigations of the Control group.

SELECTION OF CONTROLS:

Accompanying relatives or attenders of the patients between 18- 45 yrs of age, both the sexes not having any genetic, metabolic, psychiatric or any other chronic disorder.

DATA COLLECTION:

CONCLUSION

The present study was designed in such a way so as to resolve the contradiction in the previously available data on the subject of the conventional and newer generation AEDs on lipid profile parameters.

From the results we found that Cytochrome P450 enzyme –inducing, conventional AEDs like Phenytoin are actually associated with statistically significant increased levels of Total Cholesterol and extremely significant increased levels of LDL – C, which is the main atherogenic serum cholesterol fraction. It also had an increased HDL –C levels along with significantly increased Triglycerides.

This suggests that Phenytoin has a proatherogenic effect (by increased LDL-C) and hence, long term antiepileptic treatment with Phenytoin is expected to increase vascular risks in the patient and further predispose the patient to cardiovascular and cerebrovascular morbidities. Moreover, we witnessed adverse drug reaction cases with rashes being the most common and the patient required hospitalization because of the severe form of this hypersensitivity reaction supporting the infamous problematic adverse reaction profile of the drug. On the other hand, with the other conventional AED i.e. Valproate, which is a potent CYP450 enzyme inhibitor, we did not observe any statistically significant differences in the mean serum lipid profile parameters when compared with the control values as the baseline values.

The third drug i.e. newer generation AED, Levetiracetam didn't have any statistically significant effect on the serum lipid parameters and was also found to be very tolerable which could be due to less adverse effects and drug interactions. Although there was a subtle decrease in the Total Cholesterol (TC) when compared with Controls suggesting a slightly higher baseline cholesterol levels which might be familial or genetic in nature in this area and population under study. Since we did not come across any adverse reactions to Levetiracetam during the study and there was no effect of the drug on serum cholesterol levels, among the above three drugs, our study suggests that the newer generation AED (Levetiracetam) does not seem have any long term risks as well as is free of the atherogenic and vascular risk factors with a comparatively inert adverse reactions profile. Whereas the patients on conventional AEDs have high risk of future cardiovascular disorders.

SUMMARY

INTRODUCTION: Previously available data on the effects of the conventional and newer generation AEDs on the serum cholesterol levels of the patients is very inconsistent and contradictory as some studies report that commonly used conventional AEDs like Phenytoin increase serum cholesterol especially the proatherogenic fractions and thus predispose the patients to cardiovascular illnesses while others did not observe any such effects. The present study aimed at finding out the effect of drugs as monotherapy on serum lipid profile of adult epilepsy patients taking these drugs for more than 6 months. It also aimed at assessing the adverse effects of these drugs under ADR monitoring. Materials and Methods: A cross sectional, hospital based study was conducted in a Tertiary care hospital and serum cholesterol (TC, TGs, HDL-C and LDL-C) values were measured in 45 epileptic patients (15 on phenytoin, 15 on Valproate and 15 on Levetiracetam) and the results were compared and analyzed by taking serum lipid profile levels of the 45 adult controls as the baseline. The details of the drug hypersensitivity events among the patients on these AEDs were also recorded in the ADR monitoring form.

RESULTS: Compared with the controls, patients on Phenytoin showed significantly increased levels of TC, HDL- C, LDL- C and TGs. Patients on Valproate showed non statistically significant in TC, TGs and LDL-C with a non- significant decrease

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NEW DELHI

INFERENCE

With the present study we concluded that there are increased vascular risks and atherogenic possibilities with the long term treatment with conventional enzyme- inducing drugs like phenytoin along with serious adverse effect concerns. Even Valproate, being a potent enzyme inhibitor might pose a cardiovascular risk in genetically predisposed individuals with few and mild reported adverse effects. This suggests a necessity for constant serum cholesterol monitoring in these patients. Newer generation drugs like Levetiracetam seem to be the safest AEDs so far with minimal adverse effects. Thus, for monotherapy, Levetiracetam can be used as a substitute to the conventional drugs if there is a need to withdraw these drugs due to their adverse effects.

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NEW DELHI

CRACK IT !

INTERVIEW WITH DR. SANJANA PANJI

> “Do something that your future self will thank you for.

1. IN WHAT YEAR YOU PASSED OUT MBBS?

March 2017(completed my internship) 2011 batch.

2. WHAT WAS YOUR MBBS PERCENTAGE MARKS?

72.23%

3. WHAT RANKS DID YOU SECURE IN PREVIOUS MEDICAL ENTRANCE EXAMS THAT YOU GAVE?

[NOV 2017]

AIIMS - 571
JIPMER - 213
PGI - 225

4. COULD YOU TELL SOMETHING ABOUT YOURSELF?

I am from Dharwad and completed my studies till 12th std there. I was fortunate enough to have completed my MBBS from KIMS, Hubballi(Proud to be a kimsian!) . I believe that studies and co-curriculum should go hand in hand.

5.WHAT IS THE SECRET OF YOUR SUCCESS?

HARDWORK. And constant support from my family., friends, teachers and seniors.

6. HOW WAS YOUR INTERNSHIP?

The major postings were hectic but minors where quite free but informative. I have learnt a lot from my pgs in kims which helped me during my preparation time. At the same time I have enjoyed to the maximum with lot many outings, parties and trips.

7. WHEN DID YOU SERIOUSLY START PREPARING FOR EXAMS?

After my internship in March 2017

8. HOW LONG YOU USED TO STUDY EVERY DAY? SINCE WHEN DO YOU THINK STUDENTS NEED TO START STUDYING FOR CRACKING PG ENTRANCE EXAMS?

Productive 12hrs in the beginning and up to 15-16hrs during the last 3 months.

9. WHICH SUBJECTS DID U FOCUS MORE ON ?

I gave equal importance to all 19 subjects. But one should have a sound knowledge in medicine ,pathology and physiology. Short subjects (SARP) can earn you more marks

10.DID YOU DO ANY SPECIAL PREPARATION FOR IMAGE BASED QUESTIONS?

I went through the images from standard textbooks like Harrison / Bailey /Robins.

11. WHAT WERE YOUR STUDY METHODS ?HOW MANY REVISIONS DID YOU DO FOR EACH SUBJECT ?DID U MAKE ANY CHANGES IN YOUR STUDY METHODS?

Preparing for mcqs is totally different from reading for theory exams. Precise knowledge about the subject is necessary. I mostly read my coaching class notes and added the missing topics from guide books. More than number of revisions I believe in reading the topic till you register it in your mind. But, on a whole 3-4 revisions will do well. I frequently gave online and Bhatia tests which boosted my confidence.

12. WHAT WAS YOUR STRATEGY FOR THE EXAM DAY ?

Confidence in myself and a cool mind.

13. DO U THINK THERE SHOULD BE DIFFERENT STRATEGY FOR PREPARATION OF DIFFERENT ENTRANCE EXAMS?

Preparation is same for all exams. But one should always solve previous year question papers of that exam (at least 5yrs for aiims)

14. DID U JOIN CLASSES OR TEST SERIES ?WAS IT USEFUL ?

I joined regular March batch in Bhatia Bangalore. It helped me a lot for preparation.

15. WHAT OR WHO INFLUENCED U TO TAKE THE PRESENT PG SUBJECT?

I liked surgical and medical branches equally and I thought obg justifies them both.

16. WHAT SEAT HAVE BEEN ALLOTTED IN COUNSELLING? DID U JOIN ?

I have joined as a junior resident in OBG dept. PGIMER, Chandigarh

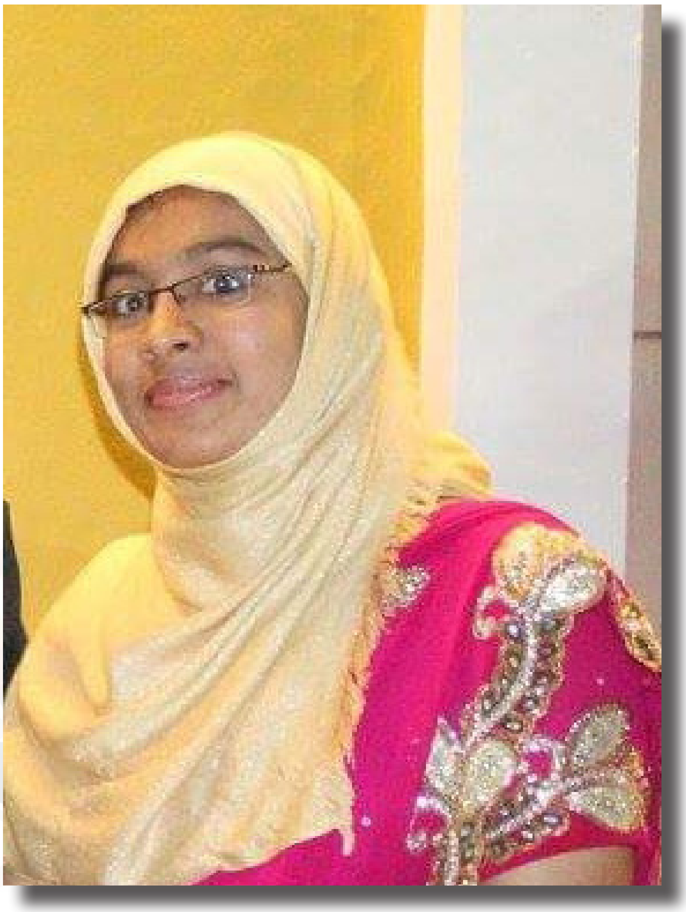
17. WHAT IS YOUR ADVICE FOR FUTURE ASPIRANTS ?

Hard work is the only way to success because nothing worth having comes easy.

CRACK IT !

INTERVIEW WITH DR. MUBEENA

> “ Life only has one rule : Never Quit.



1. IN WHAT YEAR DID YOU PASS MBBS ?

2017

2. WHAT WAS YOUR MBBS PERCENTAGE MARKS?

Aggregate 72 %

3. WHAT RANKS DID YOU SECURE IN PREVIOUS MEDICAL ENTRANCE EXAMS THAT YOU GAVE?

Neet PG 30, 000 first time, this time obtained 156th rank.

4.COULD YOU TELL SOMETHING ABOUT YOURSELF?

I was average student during my MBBS days.
I was sincere and hard-working. I used to be regular with my studies.
I take this opportunity to thank Almighty, my parents, teachers and friends for their support.

5.WHAT IS THE SECRET OF YOUR SUCCESS?

After my internship, I joined Bright Medical Institute, Bangalore. It helped me a lot. Also support received from my parents and friends.

6. HOW WAS YOUR INTERNSHIP?

I thoroughly enjoyed my internship and learned a lot during those days. It was joyous.

7. WHEN DID YOU SERIOUSLY START PREPARING FOR INTERNSHIP?

It was only after my internship and when I joined PG coaching classes at Bright Medical Institute, Bangalore.

8. HOW LONG YOU USED TO STUDY EVERY DAY? SINCE WHEN DO YOU THINK STUDENTS NEED TO START STUDYING FOR CRACKING PG ENTRANCE EXAMS?

I used to study 12 to 14 hours a day. Quality studying is more important than quantity.
It's better students start preparing little bit from UG days.

9. WHICH BOOKS DID YOU READ FOR THEORY?

I used to read normal textbooks as almost all others do except - Ganong for Physiology, Robbins for Pathology, Rangman for Embryology, Lippincotts for biochemistry and few chapters of Harrison's.

10. WHICH BOOKS DID YOU READ FOR MCQS?

I used to refer MCQ books suggested by Bright Medical Institute. Also I downloaded apps like MARROW, prep ladder, rank junction, solved image based questions, mock tests online. All of these had been a great help to me.

11. WHAT WERE YOUR STUDY METHODS? HOW MANY REVISIONS DID YOU DO BEFORE GOING TO EXAM? DID YOU MAKE ANY CHANGES IN YOUR STUDY METHODS?

I used to try to study for 12 to 14 hours a day. Its better to be clear with the concepts rather than just memorizing them. It's equally important to remember them. I had a proper 3 to 4 revisions before the final exam.

12. DID YOU DO ANY SPECIAL PREPARATION FOR IMAGE BASED QUESTIONS?

Yes. I used to solve image based questions from downloaded apps.

13. WHAT WAS YOUR STRATEGY FOR THE EXAM DAY?

I tried not to panic and stay calm. I believed in Almighty and myself that I could do well in the exam.

14. DID YOU JOIN CLASSES OR TEST SERIES? WAS IT HELPFUL?

Yes. I joined classes at Bright Medical Institute, Bangalore. I received great training and support from them. I'll always be grateful to them.

15. WHAT IS YOUR ADVICE TO FUTURE ASPIRANTS?

I advise the future PG aspirants to believe in Almighty and themselves first. Plan perfectly and put in all your efforts to achieve it. Never lose hope and don't compare yourself with others. Stay calm and work hard. Bring out a better version of yourself. Prepare for the worst and hope for the best.

BOOKS SUBJECTS	THEORY (Authors)	MCQ's(Authors)
Anatomy	B.D.Chaurasia	Arvind Arora
Physiology	G.K.Pal , Guyton	Soumen Manna
Biochemistry	Satyanarayan	Rebecca James Perumcheril
Pharmacology	K.D.Tripathi	Gobind Rai Garg & Sparsh Gupta
Pathology	Robins	Devesh Mishra
Microbiology	Ananthnarayan	Apurba Shankar Shastry
Forensic	Narayan Reddy	Arvind Arora
P&SM	PARK's	V. Jain
ENT	Dhingra	Manisha Sinha Budhiraj
Opthalmology	A.K.Khurana	Ruchi Rai

BOOKS SUBJECTS	**THEORY** (Authors)	***MCQ's*** (Authors)
Medicine	Harrison/ Davidson , Kumar & Clarks , George Mathew	- Mudit Khanna - Harrison (tables)
Surgery	Bailey & Love	Pritesh Singh
Orthopedics	Maheshwari	Apurva Mehra
Paediatrics	O.P.Ghai	Taruna Mehra Apurv Mehra Meenakshi Bothra Gupta
ObG	Obs- Dutta Gynac - Shaw's	Punith Bhojani
Anesthesia	-	Ashish Gupta
Dermatology	-	Arvind Arora
Psychiatry	-	Praveen Tripati
Radiology	-	Rajat Jain

STUDENT MAGAZINE

ANNUAL REPORT

GENERAL ACTIVITIES

GENERAL ACTIVITIES
Teachers' Day
Founder's Day

CHAIRPERSON

Dr.Kasthuri Donimath

VICE CHAIRPERSON

Dr. S.Y.Mulkipatil

STAFF ADVISOR

Dr. Sanjay Neeralagi & Dr. Rajeshwari E

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Mr.Devanand Patil

CO-SECRETARY

Ms.Ruchita A.K.

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Ms.Pooja R | Ms. Aishwarya M | Ms. Shruti K | Ms.Varshita M | Ms.Avanthika | Mr. Annarao |Mr. Ananth M | Ms.Shweta

GENERAL ACTIVITIES KIMS HUBBALLI

VALEDICTORY AND INAUGRAL CEREMONY

We the Advitiyas batch inaugurated the Students Association 2017 on the 5th of May 2017, Friday. The program was held at the Auditorium at 11 AM with the dignitaries as follows:

Dr. D.D.Bant, Director
Dr. K.F.Kammar, Principal
Dr. Shivappa Anurshetru, Medical Superintendent
Shri Basavaraj Somannaver, Chief Administrative Officer
Smt Rajashri ,FAO
The programme started with the invocation song and the lighting of the lamp, followed by the welcome speech.
The secretaries read their yearly report.
This was followed by a prize distribution programme.
Then, the main event, "Handing over Ceremony" was followed by oath taking ceremony for the office bearers of the Students' Association 2017.
The secretaries of respective committees read the yearly Agenda which presented the new ideas and excitement of the upcoming association.
Then, the dignitaries addressed the gathering and the programme ended with the vote of thanks.

Evening 6PM
The Cultural event "KIMS got Talent" was organized in which many participated in the form of Dance, Singing and Art.

KIMS SCIENTIFIC SOCIETY INAUGURATION

As a first in the history of KIMS, Scientific Society was formed, KSS — KIMS Scientific Society and inaugurated on the 25th of May 2017 at the Auditorium, 3PM.
The office bearers were as follows:

Chairman — Dr.Gurushantappa Yalagachin sir
Vice Chairman — Dr.Maneesha Godbole maam
Staff Advisory — Dr.Purushottam Reddy sir
Dr. Ramalingappa sir
Dr.Ram sir
Dr.Shaktiprasad sir
Dr.Mulkipail sir
Student Coordinators — Avanthika, Adithya, Umar, Neha, Varshita

The KSS was created to have a scientific forum in our college and to have an academic awareness among the students.
On the same day, the first session was held —named 'Thyreodiea' on occasion of world thyroid day.
Clinically oriented talk was based on—

- Clinical examination of thyroid swelling - Dr.Gurushantappa Yalagachtin sir
- Cytomorphology and histomorphology of thyroid lesion - Dr.Purushottam Reddy sir
- Prevention of Goitre - Dr.Maneesha Godbole maam

ENVIRONMENT DAY

As a part of Environment day, we had organized a Poetry and Photography competition on June 3rd 2017, Saturday.

Making history in KIMS, we conducted a "Seed ball making event" for the first time in which all the students and staff prepared seed balls at the back of the auditorium with the help of YFS (Youth for Seva) Hubballi. The seed balls were then dispersed the following day. On the morning of 4th of June, Sunday we conducted the Swachhata Abhiyan in our campus, Tug of War sport amongst the staff members and a street play was presented by our batch mates to create awareness about saving plants.

Many of our staff members contributed and adopted the plants of our campus and one student was allotted to each plant to care of them. About 2000 seed balls were prepared and were properly thrown in and around the campus and distant places by the staff and our batch mates.

INTERNATIONAL YOGA DAY

On June 21st, our college observed International Yoga Day, by conducting a yoga session at Administrative building hall at 6AM in the morning. The session was open to all students and staff. Yoga guru addressed about the importance of yoga in our daily life and taught us the Suryanamaskar and some basic asanas, followed by Bhajana and Meditation.

DOCTOR'S DAY

As a part of Doctor's day on July 1st 2017, the KSS (KIMS Scientific Society) conducted the MediQuiz for the students with a new and different outlook. On the morning of 2nd July, Sunday, as a part of Doctor's day we conducted the "Walk-a-thon", from KIMS to Nrupatunga betta and back with placards and slogans to create awareness about health. Also, the senior doctors of KIMS like Dr.Shivappa Anurshetru sir and Dr.Bhanjantri sir were felicitated.

INDEPENDENCE DAY

On August 15th , Karnataka Institute of Medical Sciences was all set to celebrate the 71st Independence day with full of patriotism. Students and teachers went on to wear Khadi dress to promote the craft of India. Dr. D.D.Bant sir presided the programme. The dignitaries (Director, Principal, Medical Superintendent,——— CAO, teachers) after garlanding the statues of Mahatma Gandhi and Dr.Ambedkar, made their way to flag pole to hoist the flag.Anusha and Vikrant were the master of ceremony. Dr.Kasthuri Donimath mam welcomed the gathering.

Students who had excelled in academics and sports were felicitated by the Dr. D.D.Bant sir. Medical, paramedical and nursing students performed the cultural events and third year MBBS students did a flash painting which highlighted the spirit of women empowerment and national integrity amidst all. Sweets and breakfast were provided were provided after the programme.

INDUCTION PROGRAM

It was the historical time for KIMS because KIMS had achieved a new milestone by increasing the seats of UG's from 150 to 200.Students' association 2017-18 made all the preparation to welcome fresher's along with their parents who had gathered in KIMS auditorium. The gathering was welcomed by handing over the roses to all the fresher's. Dignitaries on the dais boosted all the fresher's and gave a broad view about the MBBS course. Hostel warden spoke about Do's and Don'ts in their respective hostels. Parents expressed their view regarding KIMS and boosted all the students to be good doctor of nation. Students of phase III hosted the program. Sweets were distributed to all the fresher's and they were all boosted up to set the new journey.

TEACHER'S DAY & FOUNDATION DAY

Teacher's Day & Foundation day were observed on Sept 6th.The photo frames of all the founders of KIMS were garlanded by the Director &Principal as a token of respect from all of us. In the evening KIMS auditorium was all set to witness the performances by our teachers. Students of phase III hosted the program.Dr.S.Y.Mulkipatil spoke regarding the importance of teacher's day. Mr. Nazim Javeed Khan of MBBS Phase III was honored for his excellence in sports. Dr.Brijesh (MBBS, MD, General Medicine) was felicitated for being RGUHS topper in Medicine. Students showed their love to teachers by handing over roses to them. Teachers showed their talents which included singing, dancing, acting & fashion show. It was indeed a great day for all the students to see their multitalented teachers performing on stage. Program ended with distribution of sweets to all the spectators.

REPUBLIC DAY

69TH Republic Day was observed in KIMS on 26th January. Statues of Mahatma Gandhi and Dr.Ambedkar was garlanded as a mark of respect from the institution. Security guards accompanied the dignitaries till the flag pole and the flag was hoisted by Dr. D.D.Bant sir.
First year students Disha and Srinidhi hosted the programme. Dr.S.Y.MulkipatIl sir welcomed the gathering. Students who had excelled in academics and sports were felicitated by the Director. Cultural programs were performed by the students and sweets were distributed.

We thank our committee chairpersons & staff advisors for guiding us throughout the year !.

LITERARY & CULTURAL COMMITTEE

LITERARY & CULTURAL COMMITTEE
SYNAPSE
Manthan 17

CHAIRPERSON

Dr.Vijay Kamat

VICE CHAIRPERSON

Dr. Sunil Biradar

STAFF ADVISOR

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Ms.Inchara B | Ms. Shruthi K | Mr. Omer | Mr.Aditya K | Mr. Akash | Ms. Rashmi | Mr. Somesh | Mr.Suraj | Mr. Pavan | Mr. Kishor | Ms.Meghana | Ms.Madhu | Mr.Aditya

LITERARY AND CULTURAL COMMITTEE KIMS, HUBBALLI.

This phase of student's life is something about which we are gonna carry the memories till the graves. Yes!! Of course we have a very tight schedule of academic course, but we the L&C committee conducted many co curricular activities to cherish busy curriculum.

This journey started on 5th may valedictory programme presenting kims got talent.
Kims got talent successfully enthralled students to put
out their talents without any limitations.

Followed by KGT, L & C association with kannada sangha conducted kannada habba which included various events which started with a fllashmob of various dance forms of karnataka and a rally dedicating to karnataka maate.

Then there came the most awaited mega event of the year KALSAPANDANA the intracollege fest followed by intercollege fest. That was a platform for our own students and students from other colleges of medical sciences to rock the stage with on stage events as well as off stage events. The extravaganza was possible because of helpful and supportive staff and zealous audience. All the winners were awarded by the end of programme. In intracollege fest Mr.Sajid ahmed bagged Mr. Kalaspandana and Miss Kirti Pai bagged Miss Kalaspandana. And the batch Avyuktas got the best batch award. And the presence of celebrities like Mr. Dhruva sarja, Mr. Niranjan deshpande and Mr. Vinayak joshi gave this fest an extra charm.

LITERARY AND CULTURAL COMMITTEE KIMS, HUBBALLI.

Also in association with general activities we Conducted independence day and teachers day. Being part of student association is one time opportunity and we acknowledge our chairperson Dr vijay kamat sir and vice chairperson Dr sunil biradar sir.

We also thank our staff advisors for all the support and guidance. Our sincere thanks to all the committee members for supporting us throughout this journey.

...ka Institute of Medical Sciences, Hubballi
...ents' Association 2017-18

SPORTS COMMITTEE

SPORTS ASSOCIATION
KIMS
HUBLI
SYNAPSE
SYNAPS

CHAIRPERSON

Dr.Rajashekhar Dundaraddy

VICE CHAIRPERSON

Dr. Mahesh kumar

STAFF ADVISOR

Dr. Ravindra Gadag & Dr. Raghavendra Bhosale

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Mr.Shivanand H.K.

CO-SECRETARY

Ms.Pavitra

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EXECUTIVES

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Mr.Amar | Mr. Karthik | Mr. Amogh | Ms.Seema | Ms.Rashmi | Mr. Manjunath | Mr. Nazim | Mr. Anand | Mr. Yadhukrishnan | Ms. Vidya | Mr. Rakshith H.N | Mr. Prateek | Ms. Kavya

SPORTS COMMITTEE KIMS, HUBBALLI.

It was a great learning experience to be part of Sports Association 2017-18. It was a memorable journey under able guidance of Dr K F Kammar, sports chairman Dr Rajashekhar Dundareddy, Vice chairman, Dr Mahesh Kumar and sports advisory board of Dr Ravindra Gadag and Dr Raghavendra Bosle.

It all began with RABONA, futsal competition for both boys and girls. N number of teams took part with enthusiasm and competed at their best. Boys' teams consisted of 5+3(substitutes) members. Girls teams had 3 members who were supposed to take 3 penalty kicks in a match.. #We were fortunate to host the RGUHS Belgaum zonal Volley ball, Throw ball, Badminton and Tennikoit tournaments from 12-14 Sept. 2017.Under the leadership of Our Principal Dr K F Kammar and our sports association, by the energetic organizers and volunteers and with helping hand of our hostel mess committees it was another milestone event...The following teams emerged victorious.

KIMS played a friendly hockey match against Young Stars Sports Club, Hubli in order to remember the sacrifice made by young military officer Late Lt Ummer Fayaz from J & K for the mother land. A patriotic atmosphere was spread in the city with many dignitaries of the city, students, doctors and school children being part of it.

KIMS Premiere League was a short pitch cricket tournament conduced where the team should comprise of 6 boys and 2 girls.
#The students also got the opportunity to take part in Intra College indoor games like badminton, table tennis, carom and chess events to showcase their skills and competitive spirit.

Various other outdoor games were also conducted namely Volley ball, throw ball ,badminton, tennikoit and cross country to give chance to students to participate and develop sports acquired characters of determination, interaction and team spirit..

Manthan Sports 2k17 was very well organized where various teams from 25 colleges all over Karnataka took part. There were sports events like badminton and TT in indoor category whereas volleyball, futsal, throw ball and cross country in outdoor. Right from arranging referees to getting the preparatory works done and organizing the events meticulously everyone had their learning experiences of organizing skills, managing crowd, patience, etc..

The College teams regularly took part in the Zonal and Inter zonal sports events conducted by RGUHS to promote sports in the colleges affiliated to it. Starting from cricket, football, kabaddi, kho kho to basketball, swimming and many more. So there was significantly higher participation from our college this year compared to previous year indicating good promotion of sports events in the college.

ಕನ್ನಡ ಸಂಘ

ಕನ್ನಡ ಸಂಘ
ಅದ್ವಿತೀಯಾಸ
SYNAPSE

ಕಾರ್ಯಾಧ್ಯಕ್ಷರು

ಡಾ.ರಾಜಶೇಖರ್ ಧ್ಯಾಬೇರಿ

ಉಪ ಕಾರ್ಯಾಧ್ಯಕ್ಷರು

ಡಾ. ಗೋಪಾಲಕೃಷ್ಣ ಮಿತ್ರ

ಸಲಹೆಗಾರರು

ಡಾ.ಜಾನಕಿ ಆರ್ ತೊರವಿ | ಡಾ.ಶಿಲ್ಪಾ ಹುಚ್ಚಣ್ಣನವರ್ | ಡಾ.ಮಂಜುನಾಥ ಎಸ್ ನೇಕಾರ

ಕಾರ್ಯದರ್ಶಿ

ಕುಮಾರಿ. ಅನುರಾಧ ಖವೆಕರ್

ಸಹ ಕಾರ್ಯದರ್ಶಿ

ಕುಮಾರ. ಅಕ್ಷಯ್ ಆರ್ ಹೆಗ್ಗೊಂಡ

ಸದಸ್ಯರು

ಕುಮಾರಿ.ಅಂಜಲಿ ಆಲಂಬಾಡಿ | ಕುಮಾರ.ಅರುಣ್ ಎಸ್ ಎಂ | ಕುಮಾರ.ಆಕಾಶ್ ಕೋರಿ | ಕುಮಾರ.ಆಕಾಶ್ ಬಾಗೋಜಿ | ಕುಮಾರಿ.ಆರ್ ಕೆ ಎಂ ಪೂಜಾ | ಕುಮಾರಿ.ಐಶ್ವರ್ಯ ಪತ್ತಾರ | ಕುಮಾರಿ.ಧನ್ಯಶ್ರೀ ಡಿ ವಿ | ಕುಮಾರ.ಪವನ್ ಕುಮಾರ್ ಬಿರಾದಾರ್ | ಕುಮಾರ.ಪ್ರಸಾದ್ ಆಚಾರಿ | ಕುಮಾರಿ.ಮೇಘ ಬಡಿಗೇರ | ಕುಮಾರಿ.ಮೇಧಾ ಕರಡಿ | ಕುಮಾರಿ.ರಂಜಿತಾ | ಕುಮಾರ.ವರದ್ ಡಿ ನಾಯಕ್ | ಕುಮಾರಿ.ವಾಣಿ | ಕುಮಾರಿ.ವಿದ್ಯಾ ನಾಯಕ್ | ಕುಮಾರ.ವಿನಯ್ ಧರ್ಮಾಧಿಕಾರಿ | ಕುಮಾರ.ಶಿವರಾಜ್ ರಾಯದುರ್ಗ | ಕುಮಾರಿ.ಶುಭಾ | ಕುಮಾರಿ.ಶ್ವೇತಾ | ಕುಮಾರಿ.ಸುಪ್ರಿಯಾ | ಕುಮಾರ.ಹರಿಪ್ರಸಾದ್ ಪಿ

ಕನ್ನಡ ಹಬ್ಬ

ಕನ್ನಡ ಸಂಸ್ಕೃತಿ, ಕಲೆ, ಭಾಷೆ ಬಗ್ಗೆ ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳಲ್ಲಿ ಅರಿವು ಮೂಡಿಸಲು, ಕನ್ನಡ ವಿದ್ಯಾರ್ಥಿ ಸಂಘದಿಂದ ಮತ್ತು ಕನ್ನಡ ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರ ಸಹಯೋಗದಿಂದ ಜುಲೈ 7 ಮತ್ತು 8 ರಂದು ಕಿಮ್ಸ್‌ನಲ್ಲಿ ಮೊತ್ತಮೊದಲನೆಯ ಬಾರಿ ಕನ್ನಡ ಹಬ್ಬವನ್ನು ಆಚರಿಸಲಾಯಿತು.

ಎರಡು ದಿನಗಳ ಕಾಲ ವಿಜೃಂಭಣೆಯಿಂದ ನಡೆದುಬಂದ ಕನ್ನಡ ಹಬ್ಬದ ಉದ್ಘಾಟನೆ ಜುಲೈ 7ರಂದು ಸಚಿಜೆ ಸುಮಾರು 4 ಗಂಟೆಗೆ ನಡೆಯಿತು. ಉದ್ಘಾಟನೆಯ ಸಮಯದಲ್ಲಿ ವೇದಿಕೆಯ ಮೇಲೆ ಡಾ. ಡಿ. ಡಿ. ಬಂಟ್ (ಕಿಮ್ಸ್ ನಿರ್ದೇಶಕರು), ಡಾ. ರಾಮಲಿಂಗಪ್ಪ (ಕಿಮ್ಸ್ ವೈದ್ಯಕೀಯ ಅಧೀಕ್ಷಕರು), ಡಾ. ಕೆ. ಎಫ್. ಕಮ್ಮಾರ್ (ಕಿಮ್ಸ್ ಪ್ರಾಂಶುಪಾಲರು), ಶ್ರೀ ಅಬ್ಬಯ್ಯ ಪ್ರಸಾದ (ಮಾನ್ಯ ಶಾಸಕರು, ಧಾರವಾಡ), ಶ್ರೀ ಬಸವರಾಜ ಹೊರಟ್ಟಿ (ಮಾನ್ಯ ಸಂಸದರು) , ಶ್ರೀ ಆರ್. ಸ್ನೇಹಲ್ (ಮಾನ್ಯ ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಣಾಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾ ಪಂಚಾಯತ್, ಧಾರವಾಡ) ಉಪಸ್ಥಿತರಿದ್ದರು. ಉದ್ಘಾಟನೆಯಲ್ಲಿ ಕನ್ನಡ ಸ್ಪರ್ಧೆಯಲ್ಲಿ ವಿಜೇತರಾದವರಿಗೆ, ಪ್ರಶಸ್ತಿ ವಿತರಿಸಲಾಯಿತು.

ಉದ್ಘಾಟನೆಯ ನಂತರ ಸಾಂಸ್ಕೃತಿಕ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರಿಂದ ಆಯೋಜಿಸಲಾಯಿತು. ಕನ್ನಡ ಹಬ್ಬದ ಎರಡನೆಯ ದಿನದ ಕಾರ್ಯಕ್ರಮ ಸಂಜೆ 8ಗಂಟೆಗೆ ಪ್ರಾರಂಭವಾಯಿತು. ಮುಖ್ಯ ಅತಿಥಿಗಳಾಗಿ ಶ್ರೀ ಜಯಂತ್ ಕಾಯ್ಕಿಣಿ ಯವರು ಆಗಮಿಸಿದ್ದರು. ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಕುರಿತು ತಮ್ಮ ಅಭಿಪ್ರಾಯ ವ್ಯಕ್ತಪಡಿಸಿ ಜ್ಞಾನಜೇನನ್ನು ಹಂಚಿದರು. ನಂತರ ವಿದ್ಯಾರ್ಥಿಗಳು ನೃತ್ಯ ಹಾಗೂ ನಾಟಕ ಪ್ರದರ್ಶನ ನೀಡಿದರು. ಇವರೊಂದಿಗೆ ಕನ್ನಡ ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರು ಕೈಜೋಡಿಸಿದರು. ದಿನದಂತ್ಯವು ನರ್ಸಿಂಗ್ , ಪ್ಯಾರ ಮೆಡಿಕಲ್ ಹಾಗೂ ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಾಂಸ್ಕೃತಿಕ ಕಾರ್ಯಕ್ರಮಗಳೊಂದಿಗೆ ಅಂತ್ಯ ಕಂಡಿತು.

ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವ

ಪ್ರತಿ ವರ್ಷದಂತೆ "ನಾಡಹಬ್ಬ"ವಾದ ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವವನ್ನು ನವೆಂಬರ್ 1ರಂದು ಕಿಮ್ಸ್ ಸಭಾಂಗಣದಲ್ಲಿ ಆಚರಿಸಲಾಯಿತು. ಕನ್ನಡಾಂಬೆಯ ಪೂಜೆಇಂದ ಶುರುವಾಗಿ, ಧ್ವಜಾರೋಹಣ, ನಾಡಗೀತೆ, ಗೊಂಬೆಕುಣಿತ, ಮೆರವಣಿಗೆಯನ್ನೆಲ್ಲಾ ನಡೆಸಲಾಯಿತು. ವೇದಿಕೆಯ ಮೇಲೆ ಡಾ. ಡಿ. ಡಿ. ಬಂಟ್, ಡಾ. ಕೆ.ಎಫ್. ಕಮ್ಮಾರ, ಡಾ. ರಾಮಲಿಂಗಪ್ಪ, ಡಾ. ರಾಜಶೇಖರ ದ್ಯಾಬೇರಿ ಉಪಸ್ಥಿತರಿದ್ದರು. ತದನಂತರ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಹಾಡು, ನೃತ್ಯ, ಬೀದಿನಾಟಕವನ್ನು ಪ್ರದರ್ಶಿಸುವುದರ ಮೂಲಕ ರಾಜ್ಯೋತ್ಸವವನ್ನು ವಿಜೃಂಭಣೆಯಿಂದ ಆಚರಿಸಲಾಯಿತು.

ರೋಗಲಕ್ಷಣ ಕೈಪಿಡಿ

ಪರಭಾಷಾ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆಂದೇ, ಮೊದಲ ಬಾರಿಗೆ ಕನ್ನಡ ಭಾಷೆಯಲ್ಲಿ ರೋಗಿಗಳನ್ನು ವಿಚಾರಿಸಲು ಅನುಕೂಲಕರವಾಗಲೆಂದೆ ರೋಗಲಕ್ಷಣ ಕೈಪಿಡಿಯನ್ನು ಕನ್ನಡ ಸಂಘವು ಅನಾವರಣಗೊಳಿಸಿದೆ.

ಟಿ.ಪಿ. ಕೈಲಾಸಂ ದಿನಾಚರಣೆ

ಪಾರಂಪರಿಕವಾಗಿ ಕಿಮ್ಸ್ ನಲ್ಲಿ ನಡೆದು ಬಂದಿರುವ ಟಿ.ಪಿ. ಕೈಲಾಸಂ ದಿನಾಚರಣೆಯನ್ನು ಜುಲೈ 31ರಂದು ಕನ್ನಡ ಅಭಿವೃದ್ಧಿ ಸಂಘ (ಕನ್ನಡ ಮತ್ತು ಮಕ್ಕಳ ಇಲಾಖೆ) ಇವರ ಸಂಯೋಗದಿಂದ ನಡೆಸಲಾಯಿತು.

ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಡಾ. ಡಿ.ಡಿ. ಬಂಟ್‌ರವರು ಅಧ್ಯಕ್ಷತೆಯನ್ನು ವಹಿಸಿದ್ದರು. ಡಾ. ಕೆ.ಎಫ್. ಕಮ್ಮಾರ , ಪ್ರಾಂಶುಪಾಲರು ಮತ್ತು ಪಿ. ಸದಾನಚಿದ ಪಾಟೀಲ್, ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕನ್ನಡ ಮತ್ತು ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ ಉಪಸ್ಥಿತರಿದ್ದರು.

ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿ.ಪಿ. ಕೈಲಾಸಂ ರವರ ಜೀವನದ ಬಗ್ಗೆ ಹಾಗೂ ಹಾಸ್ಯ ಜೀವನವು ಎಷ್ಟು ಅತ್ಯಗತ್ಯ ಎಂಬುದರ ಕುರಿತು ಚಿಂತನೆ ನಡೆಸಲಾಯಿತು. ಟಿ.ಪಿ. ಕೈಲಾಸಂ ರವರ ದಿನಾಚರಣೆಯಂದು ಕನ್ನಡ ಹಬ್ಬದಲ್ಲಿ ನಡೆದ ಎಲ್ಲಾ ಸ್ಪರ್ಧೆಗಳಿಗೆ ಕನ್ನಡ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯವರು ಪ್ರಶಸ್ತಿ ಪತ್ರ ವಿತರಿಸಿದರು.

CO-OPERATIVE SOCIETY

Karnataka Institute of Medical Sciences
HUBBALLI- 580021
DEPARTMENT OF OBSTETRICS & GYNACOLOGY
CASE-BOOK
Name
Batch
Roll No.
Reg. No.
Year of Admission
CO-OPERATIVE SOCIETY
Apron
Samosa

CHAIRPERSON

Dr.Ashok L. Bajentri

VICE CHAIRPERSON

Dr. Y.M.Kabade

STAFF ADVISOR

Dr. Alnawar & Dr. Vivekanand

SECRETARY

Mr.Kshitij V. Donimath

CO-SECRETARY

Ms.Shravanthi & Ms. Sulagna.M

JOINT SECRETARIES

Mr. Anil kumar K. Biradar

EMPLOYEE

Mr. Chikmath & Mr. A.G. Gani

CO-OPERATIVE SOCIETY KIMS, HUBBALLI.

We the ADVITIYANS, after getting charge of co-operative society in April 2017 have always had developmental vision for the society, therefore we have improved upon number of facilities being provided by the society and also introduced a few new facilities with the help of our chairman and vice-chairman.

Co-operative society the provisional store provides many basic entities to our college mates. We have upgraded many of our college journals in terms of paper quality and printing, we have also reduced the prices of many journals in order to make it reasonably available for students.

For the first time we started providing BP Apparatus in the society for a very reasonable in Hubballi city! For the first time we provided all the students with good quality stethoscope at a reasonable price. For the 1st time in the history of co-operative society we digitalized our society in order to let our society be in pace with the digital India. This has enabled our students to make payments easier through PayTm and saved their valuable time!

For the 1st time our society has got its own Refrigerator to beat the heat throughout the year. To maintain health and hygiene of our students' washbasins was set up in our society with the help or PWD (Public works Dept.) of our college.

Various list of snacks were made available for our students, like:

1. Crunchy Samosa
2. Deeda Drink
3. Paneer Rolls
4. Soft drinks and so on ….

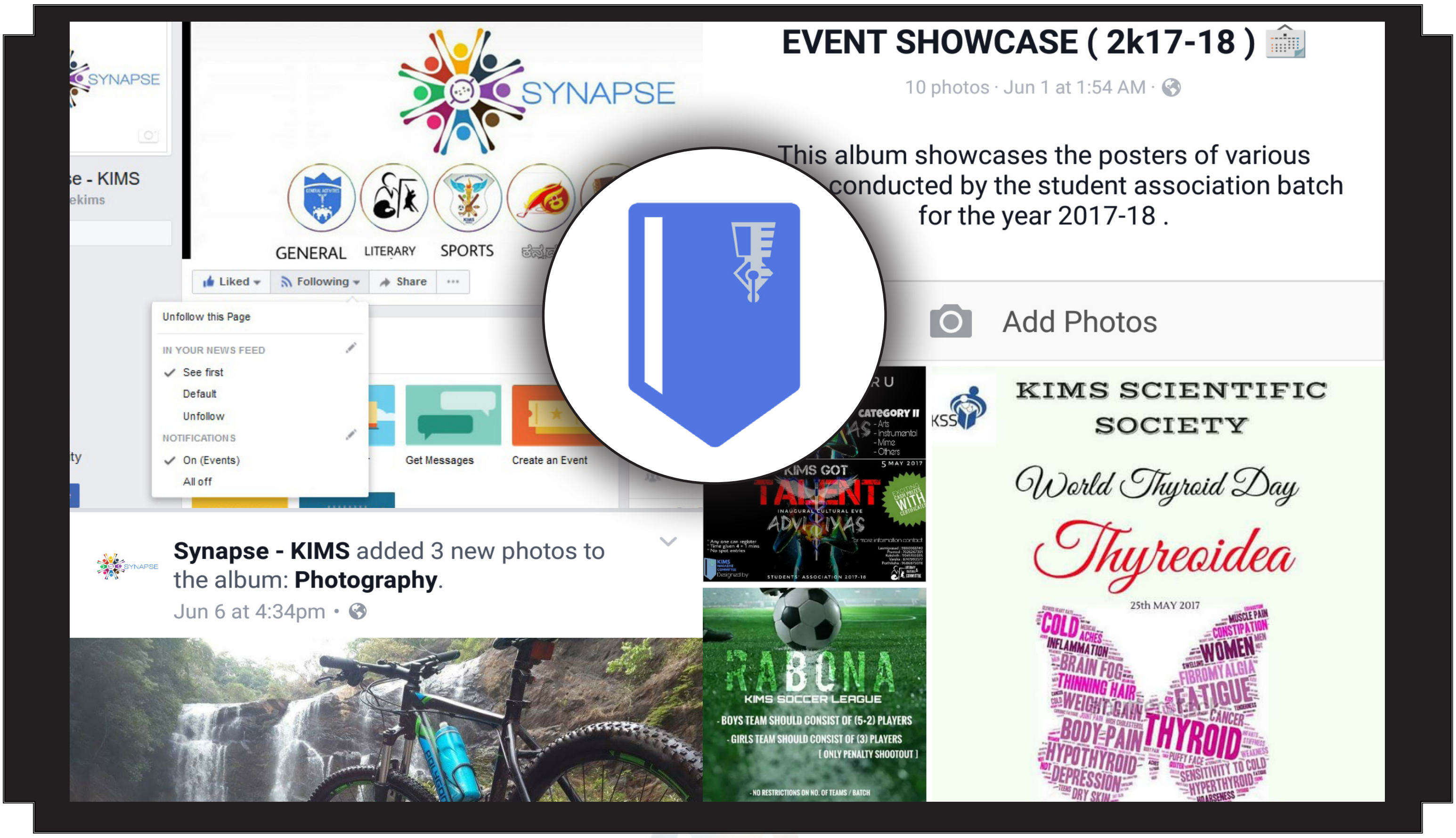
Paytm

We have also provided snacks in sports occasions like in Manthan, Kalaspandana, RGUHS meets etc..

All the above activities wouldn't have been possible without the co-operation and support from our director, principal, chairpersons & staff advisors.

We the members of the cooperative society committee 2017-18 extend our gratitude to our batch mates as well as all the juniors and seniors for giving us opportunity to develop the society.

MAGAZINE



EVENT SHOWCASE (2k17-18)

10 photos · Jun 1 at 1:54 AM ·

This album showcases the posters of various … conducted by the student association batch for the year 2017-18 .

Synapse - KIMS added 3 new photos to the album: **Photography**.

Jun 6 at 4:34pm ·

SYNAPSE
…e - KIMS
…ekims
SYNAPSE
GENERAL
LITERARY
SPORTS
Liked
Following
Share
Unfollow this Page
IN YOUR NEWS FEED
See first
Default
Unfollow
NOTIFICATIONS
On (Events)
All off
Get Messages
Create an Event
Add Photos
KIMS GOT TALENT
ADVAYAS
RABONA
KIMS SOCCER LEAGUE
- BOYS TEAM SHOULD CONSIST OF (5-2) PLAYERS
- GIRLS TEAM SHOULD CONSIST OF (3) PLAYERS
[ONLY PENALTY SHOOTOUT]
- NO RESTRICTIONS ON NO. OF TEAMS / BATCH
KSS
KIMS SCIENTIFIC SOCIETY
World Thyroid Day
Thyreoidea
25th MAY 2017
THYROID
FATIGUE
WOMEN
HYPOTHYROID
DEPRESSION

CHAIRPERSON

Dr.Asha B Patil

VICE CHAIRPERSON

Dr. Sameer B Mangalwedhe

STAFF ADVISOR

Dr. Mahesh Desai & Dr. Shobha Bembalagi

SECRETARY

Mr.Santosh Kannan

CO-SECRETARY

Ms.Prerana Guruprasad

JOINT SECRETARIES

Mr.Virant Goenka & Ms. Madhuja Madhavan

EXECUTIVES

Mr. Arun S.M | Ms.Shivani Chhetri | Mr.Mohammad Umar | Ms.Gayathri | Mr.Somesh Chougule | Mr.Savan Kumar | Mr. Ajith Dhumale | Ms. Chandhini | Ms.Abinaya |

Mr.Sumit | Mr. Adnan | Mr. Sughosh | Ms.Prathibha | Ms.Pooja | Ms.Neha Hubli

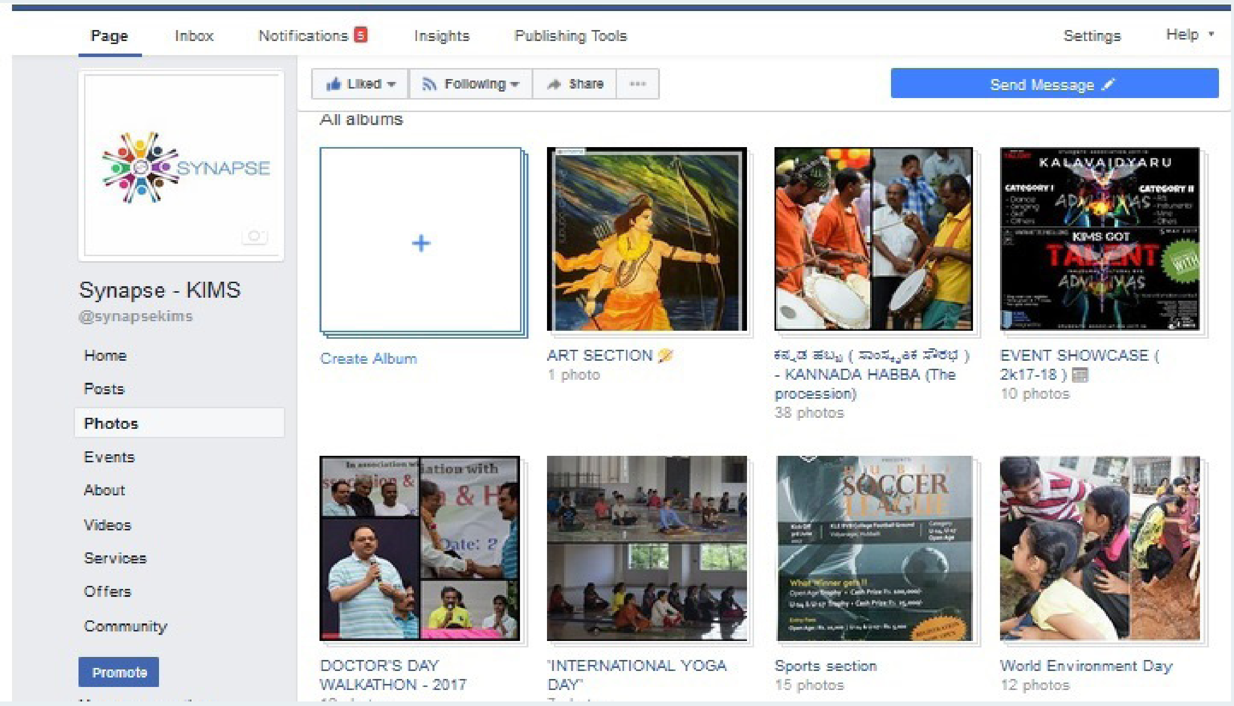
MAGAZINE COMMITTE 2k17-18

The magazine committee of the year 2k17-18 has brought up a new initiative like never before!

To start with we have assembled a team and created a social network ‘PAGE’ named ‘SYNAPSE’. This page serves like a college student page, which will be managed by the magazine committee of the respective years to come. The magazine chairpersons of the respective years will be reviewing the contents to be put on the page.

The page was planned for nearly 50 days, and finally after going through many formats and designs we came up with this iconic name, page folders and the symbol which structures a neuron when figured as a whole.

We chose the name ‘Synapse’ because it’s an area which allows various committees run by the students and staffs of KIMS to publish their event schedules, information about their programs online in popular social media hubs like Facebook, Instagram and You-Tube.


Page
Inbox
Notifications 5
Insights
Publishing Tools
Settings
Help
Liked
Following
Share
Send Message
SYNAPSE
Synapse - KIMS
@synapsekims
Home
Posts
Photos
Events
About
Videos
Services
Offers
Community
Promote
All albums
Create Album
ART SECTION
1 photo
ಕನ್ನಡ ಹಬ್ಬ (ಸಾಂಸ್ಕೃತಿಕ ಸೌರಭ) - KANNADA HABBA (The procession)
38 photos
EVENT SHOWCASE (2k17-18)
10 photos
DOCTOR'S DAY WALKATHON - 2017
"INTERNATIONAL YOGA DAY"
Sports section
15 photos
World Environment Day
12 photos

MAGAZINE COMMITTE 2k17-18

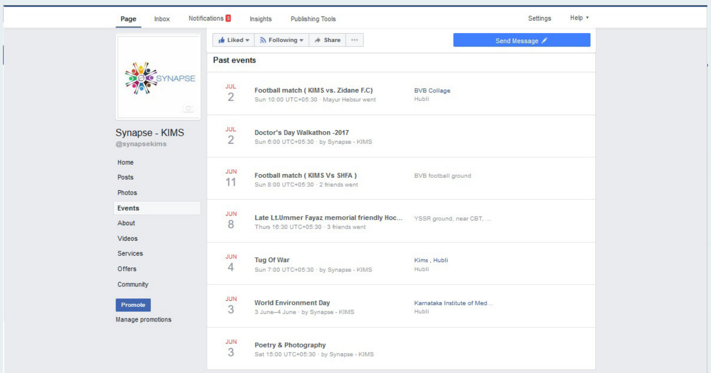
This allows everyone in campus who is in touch with their social media platforms being up-to-date with all the events being organised in KIMS. The page also helps the Alumni of the college to stay in touch with the college programs.

The page also showcases various achievements and talents of students which provides them exposure for better opportunities and recognitions for college festivals to come.

The successive committees to come can upgrade the page with the optimum technology they can use at ease for better experience.

(For example: Mobile apps and websites can be handy to those who aren't signed into any of the social networking sites.)

This kind of networking has a huge scope to bring together every students, staffs & Administrative units to co-ordinate with one another for a bright purpose!


Page
Inbox
Notifications 5
Insights
Publishing Tools
Settings
Help
Liked
Following
Share
Send Message
SYNAPSE
Synapse - KIMS
@synapsekims
Home
Posts
Photos
Events
About
Videos
Services
Offers
Community
Promote
Manage promotions

Past events

JUL 2 Football match (KIMS vs. Zidane F.C)
Sun 10:00 UTC+05:30 · Mayur Hebsur went
BVB Collage
Hubli

JUL 2 Doctor's Day Walkathon -2017
Sun 6:00 UTC+05:30 · by Synapse - KIMS

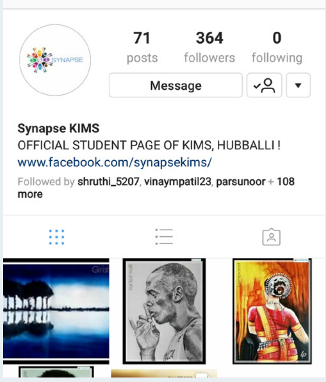
JUN 11 Football match (KIMS Vs SHFA)
Sun 8:00 UTC+05:30 · 2 friends went
BVB football ground

JUN 8 Late Lt.Ummer Fayaz memorial friendly Hoc...
Thurs 16:30 UTC+05:30 · 3 friends went
YSSR ground, near CBT, ...

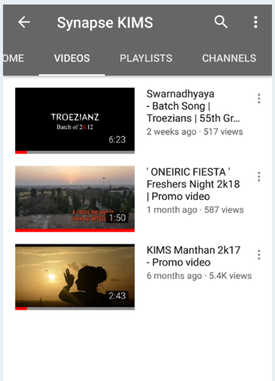
JUN 4 Tug Of War
Sun 7:00 UTC+05:30 · by Synapse - KIMS
Kims , Hubli
Hubli

JUN 3 World Environment Day
3 June–4 June · by Synapse - KIMS
Karnataka Institute of Med...
Hubli

JUN 3 Poetry & Photography
Sat 15:00 UTC+05:30 · by Synapse - KIMS


71
posts
364
followers
0
following
Message

Synapse KIMS
OFFICIAL STUDENT PAGE OF KIMS, HUBBALLI !
www.facebook.com/synapsekims/
Followed by shruthi_5207, vinaympatil23, parsunoor + 108 more


Synapse KIMS
OME
VIDEOS
PLAYLISTS
CHANNELS
TROEZIANZ
Batch of 2K12
6:23
1:50
2:43

Swarnadhyaya - Batch Song | Troezians | 55th Gr...
2 weeks ago · 517 views

' ONEIRIC FIESTA ' Freshers Night 2k18 | Promo video
1 month ago · 587 views

KIMS Manthan 2k17 - Promo video
6 months ago · 5.4K views

The magazine committee has always been the designing unit of the association. This year, the committee in collaboration with other committees aided to create the official committee logos

We designed 50+ posters for various events organised by the students' association 2k17-18.

MAGAZINE COMMITTE 2k17-18

The literary and cultural committee organised the most awaited event after 3 years 'MANTHAN', an intercollege fest hosted in KIMS.

We collaborated with the L & C committee and for the first time we introduced 'online registration' for the event participation via 'an exclusive manthan website

'www.manthan2k17.com'. The pre-booking for events, food and accommodation was made at ease by this resource. They could check the whole list of events and check the entry fee & rules for various events which built up their hospitality experience for Manthan.

Finally, we created an editorial team which consists of the talented executive members from all the batches who would work as a separate team exclusively for the Annual Magazine.

SPORTS ACHIEVEMENTS 2017-18

ATHLETICS - In RGUHS Athletics Meet 2017-18

NAMRATHA.P

Atharvas (phase II)

Gold medal in shot-put,

Silver in discus throw and

Bronze in javelin

TEAM OF ABHINANDAN, JEEVAN, MANJUNATH ,MEGHARAJ

Atharvas (phase II) - Secured 2nd place in 4×400M Relay.

KHOKHO

Winners in SIMBIOSIS 2K17, Intercollegiate fest at SIMS, Shimogga.
Winners in RGUHS KHOKHO interzonals for consecutive 2nd time

TENNIKOIT

Winners in Belagavi zonal RGUHS tournament.
Runners up in inter-zonals.

CROSS COUNTRY

SUMAIYA, PAVITHRA & VANI

Bagged 3rd, 5th and 6th place in RGUHS Inter zonals respectively

TABLE TENNIS

TEAM DR.ZAHEERUDDIN.M , DHEERAJ NAIK, SHIVARAJ G, PRATEEK B.P

Winners in RGUHS Belgaum zonals

VOLLEY BALL

Womens team were winners in RGUHS Belgaum zonals

Womens team were winners in Manthan 2k17

BADMINTON

DR.ROSHAN.H, DR.CHANDAN.D, DR.KARTHIK.B, DR.ADARSH.H,

DR. MANJUNATH.N, LOKESH .N, DHEERAJ.N, SACHIN.H

Mens team finished 2nd place in RGUHS Belgaum zonals

KAVYA.B, POORNIMA.J & SOUMYA.G

Womens team were runners up in RGUHS Belgaum zonals

CHESS

DR. ADARSH, DR.MANJUNATH, NIKHIL.V, ANANTH.K, ANAND.H

Winners of RGUHS Belgaum zonals

Runners up in RGUHS Interzonals

SPOORTY S SAVALAGI

3rd Place (State level RGUHS chess tournament)

MEGHANA

4th Place (state level RGUHS chess tournament)

PARA TABLE TENNIS

NAAZIM

- Made the whole Kims fraternity proud by representing India in Para Asian TT championship at Beijing , China.
- He also won bronze medal in Para TT National championship held at Indore, Madhya Pradesh.
- He was part of Indian team that took part in Para TT Thailand Open, Bangkok in 2013.

HOCKEY

Runners up in RGUHS Interzonals

FOOTBALL

Runners up in Hubli Soccer League ,coveted inter club football competition in Hubli organised by SHFA.

THROWBALL

Runners up in Manthan 2k17.

RGUHS BLUES (2017-18)

KHOKHO

SUJITH (2ND TIME)

KIRAN BANGI (2ND TIME)

CROSS COUNTRY

VANI

SUMAIYA

PAVITHRA

VOLLEY BALL

RAKSHITH H N

DEBLINA SAHA

TABLE TENNIS

SHIVARAJ M GANIGER

BADMINTON

SOUMYA GONAL

HOCKEY

VISHNU

SHIVANAND H K (3RD TIME)

VEERESH PATIL

PRAJWAL

DEEPAKREDDY B

CHESS

ANANTKUMAR M

SPOORTY S SAVALAGI

ANAND HEGDE

A note from the Fresher

ಕಿಮ್ಸ್ ಎಂಬ ವೈದ್ಯಕೀಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಪ್ರವೇಶ ಪಡೆದುದು ನನ್ನ ಬಾಳಿನ ಅತ್ಯಂತ ಹೆಮ್ಮೆಯ ವಿಷಯವೇ ಹೌದು. ಈ ಸಾಗರದಲ್ಲಿ ಈಜುವುದು ಕಠಿಣವೆಂದು ಇಲ್ಲಿ ಸೇರಿದ ಸ್ವಲ್ಪ ದಿನಗಳಲ್ಲೇ ತಿಳಿದುಕೊಂಡೆ. ಆದರೆ ಇಲ್ಲಿಯ ಪ್ರಾಧ್ಯಾಪಕರ ಮಾರ್ಗದರ್ಶನ ಹಾಗೂ ಸೀನಿಯರ್ ವಿದ್ಯಾರ್ಥಿಗಳ ಉತ್ಸಾಹ ನೀಡುವ ಮಾತುಗಳು ಆ ಕಠಿಣ ಸಂಧರ್ಭಕ್ಕೆ ಆನೆಬಲ ನೀಡಿದಂತಿತ್ತು. ನಮ್ಮ ಹಾಸ್ಟೆಲಿನ ವಾತಾವರಣ ಸಹಪಾಠಿಗಳ ಆದರದ ಮಾತು ನಮ್ಮ ಮೆಸ್ಸಿನ ರುಚಿಕಾರವಾದ ಊಟ ನಾನು ಮನೆಯಿಂದ ದೂರ ಉಳಿದಿದ್ದೇನೆ ಎಂಬ ಭಾವನೆಯನ್ನು ದೂರ ಮಾಡಿತು. ಇಲ್ಲಿ ಪಡೆಯುವ ವಿದ್ಯೆ ಹಾಗು ಅನುಭವಕ್ಕೆ ಸೀಮೆಯೆ ಇಲ್ಲ. ನನ್ನ ವಿದ್ಯಾರ್ಥಿ ಜೀವನ ಈ ವೈದ್ಯಕೀಯ ದೇವಾಲಯದಲ್ಲಿ ವಿಕಾಸಗೊಳುತ್ತೆ ಎಂಬ ನಂಬಿಕೆ ಈಗ ಮೂಡಿದೆ.

ಧನ್ಯವಾದಗಳು

A note from the Graduate

Living the dream!

We had always dreamed of this day, past 5 years, that picture was always at the back of our heads. The grandeur, that extravaganza, that ambience was all the icing on the cake. The journey, the hard work, the struggle behind all of it was the 5 and half years life. From one last time on stage at our very own auditorium to actually bidding adieu to each other, we made the most of the 2 best days of our lives. The formal convocation not only made us feel proud but also made our parents happy with tears. Each experience shared was relatable by every one of us, each memory spoken of was relived too. The gratitude, respect, well wishes we will have for this institute, our mother institute is only imaginable. 'Swarnadhyaya 2k18' was literally the golden chapter of our lives. Each moment only to be cherished for eternity.

STUDENT MAGAZINE

EVENT CALENDER

EVENTS

CALENDER | 2017-18

Click on the event to explore the memories of that day !

KARNATAKA INSTITUTE OF MEDICAL SCIE
STUDENT'S ASSOCIATION 2017-18
Valedictory

INAUGURAL AND KIMS GOT TALENT

(5TH MAY, 2017)

RABONA

(10-16TH MAY,2017)

THYROIDEA

WORLD THYROID DAY

(25TH MAY,2017)

ENVIRONMENT DAY

(3-4TH JUNE, 2017)

Youth for Seva

INTERNATIONAL YOGA DAY

(20TH JUNE, 2017)

DOCTOR'S DAY

(2ND JULY, 2017)

ಕನ್ನಡ ಹಬ್ಬ

(7TH JULY, 2017)

INDEPENDENCE DAY

(15TH AUGEST, 2017)

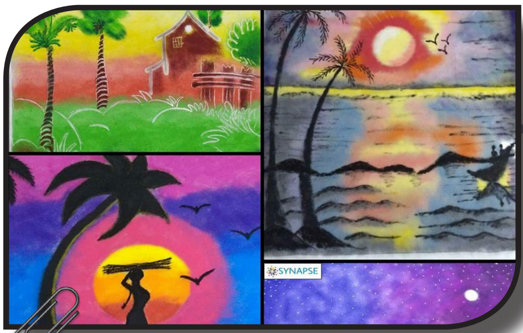
AVIGNAVATARAN

(25-29TH AUGEST 2017)

TEACHER'S DAY

(5TH SEPTEMBER, 2017)

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ



KALASPANDANA

(19TH- 22ND SEPTEMBER, 2017)

MANTHAN

(22ND-24TH SEPTEMBER, 2017)

T.P.KAILASAM DAY

(29TH JULY ,2017)

ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವ

(1st november, 2017)

REPUBLIC DAY

(26TH JANUARY,2018)

ONERIC FIESTA

(3RD FEBRAURY,2018)

SWARNADHYAYA

(2ND MARCH,2018)

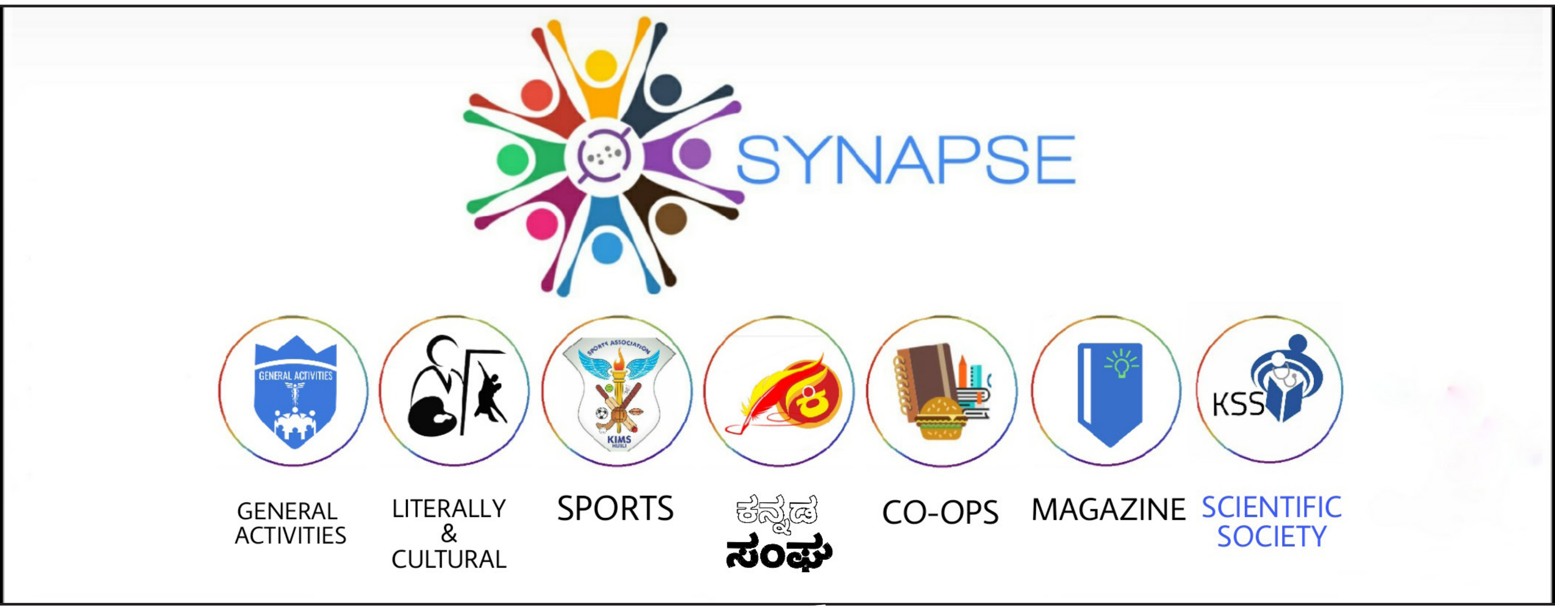
FUTSAL

(10-14TH MARCH,2018)

Th-e-Magazine
» Click / Tap

VALEDICTORY & ANNUAL MAGAZINE RELEASE

(8TH MAY,2018)


SYNAPSE
GENERAL ACTIVITIES
LITERALLY & CULTURAL
SPORTS
ಕನ್ನಡ ಸಂಘ
CO-OPS
MAGAZINE
SCIENTIFIC SOCIETY

CHECK OUT OUR STUDENT PAGE , FOR MORE CONTENTS FROM THE CAMPUS INSIDERS.

- Event showcase
- Photo gallery (events)
- Art gallery
- Literature section
- Updates on college events & much more...

[Click on the icons / Scan the QR code to jump to the page ;)]

JOIN US ...

Explore more contents from the students of KIMS in our Student page.

STUDENT MAGAZINE

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ENGLISH SECTION

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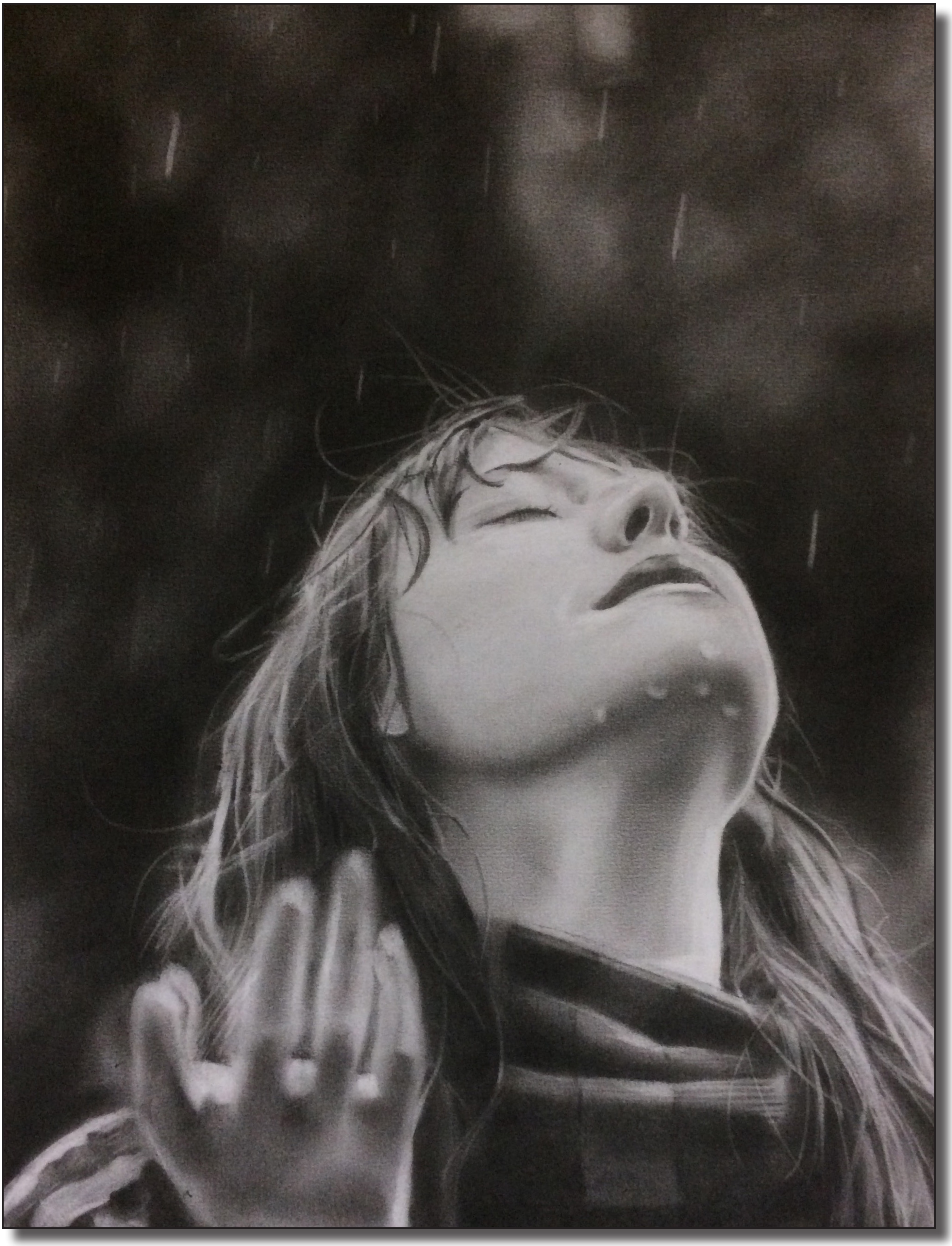
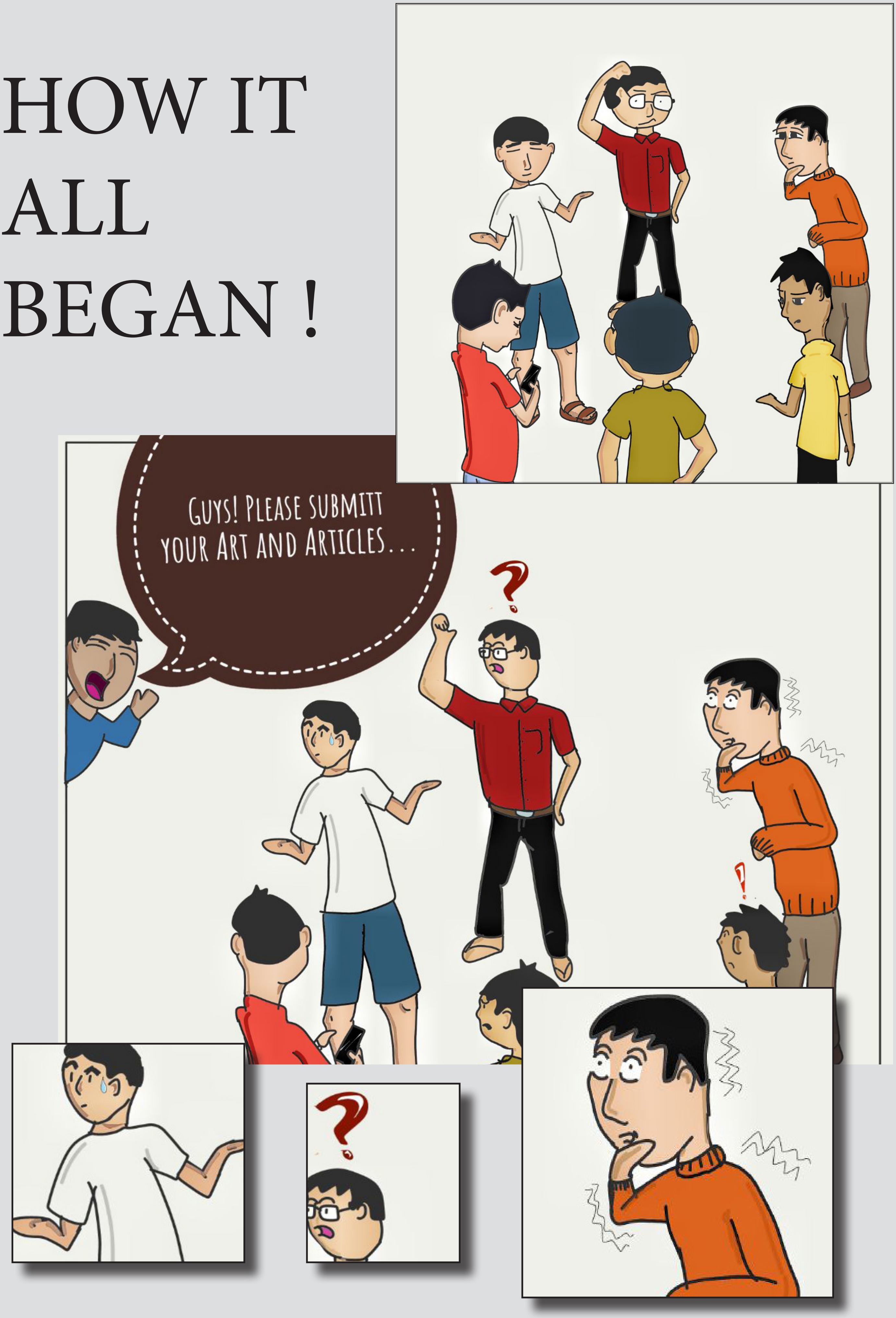


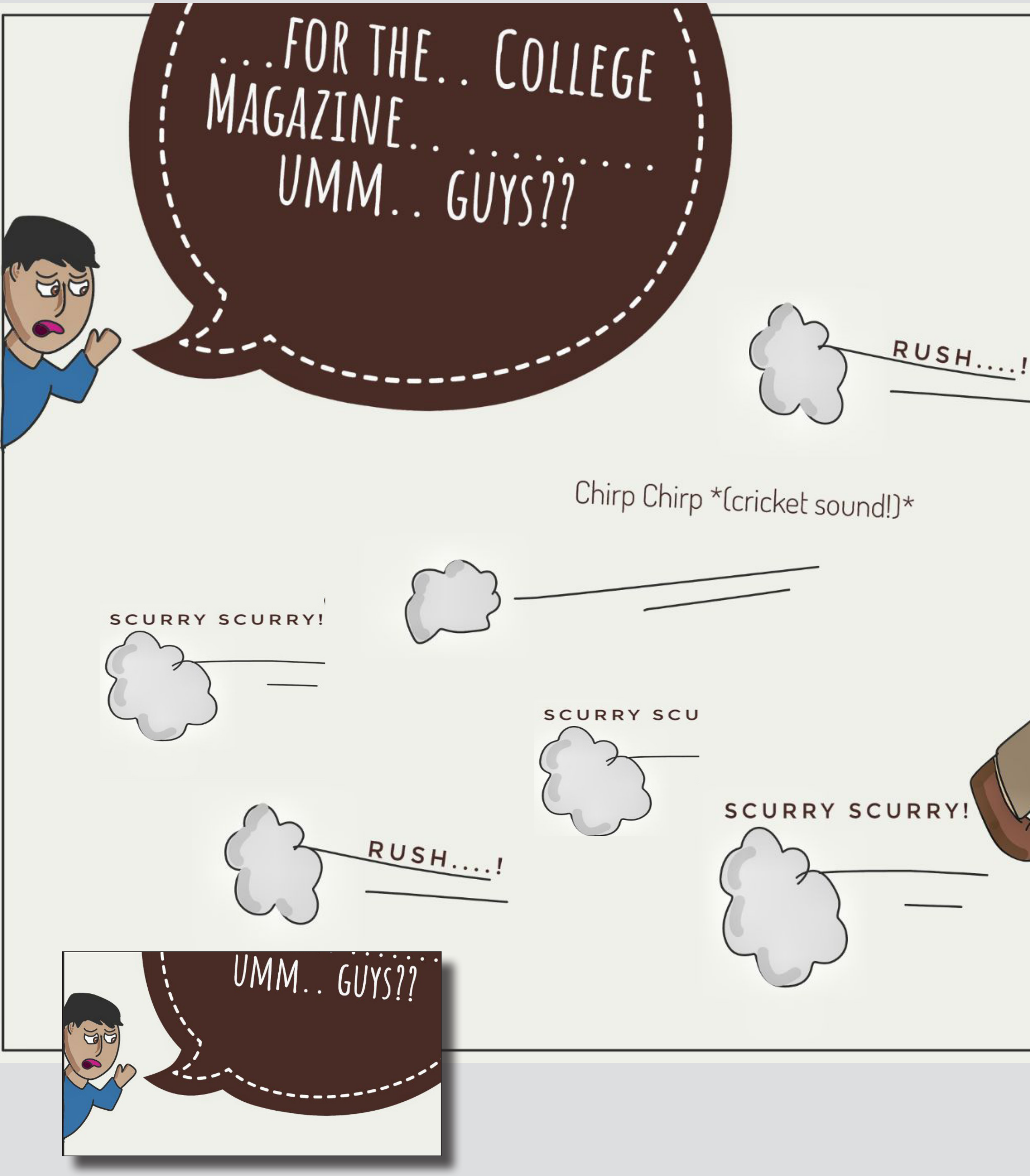
Malavika Rao

Phase II , Atharvas.

ARTWORK (Charcoal sketching)

HOW IT ALL BEGAN !


GUYS! PLEASE SUBMITT YOUR ART AND ARTICLES...


....FOR THE.. COLLEGE MAGAZINE.. .... UMM.. GUYS??
RUSH....!
Chirp Chirp *(cricket sound!)*
SCURRY SCURRY!
SCURRY SCU
SCURRY SCURRY!
RUSH....!
UMM.. GUYS??

Rakshith M Adiga
Phase III/II, Advitiyas.
DIGITAL COMIC ART

PHYSIOLOGICAL BASIS OF LOVE

This is our brain on Love

Picture Courtesy: Google.

Dr. Nagaraja Puranik. K.
Professor; Dept. of Physiology.
KIMS, Hubballi.

Think of the last time you ran into someone you find attractive. You may have stammered, your palms may have sweated and you may have said something incredibly stupid and tripped spectacularly while trying to saunter away. And chances are there; your heart was thudding in your chest. It's no surprise that, for centuries, people thought love arose from the heart. As it turns out, love is all about the brain, which, in turn, makes the rest of your body, go haywire.

According to a team of scientists led by Dr. Helen Fisher at Rutgers, romantic love can be broken down into three categories: lust, attraction, and attachment. Each category is characterized by its own set of hormones stemming from the brain.

Romantic and maternal loves are highly rewarding experiences. Both are linked to the perpetuation of the species and therefore have a closely linked biological function of crucial evolutionary importance. The newly developed ability to study the neural correlates of subjective mental states with brain imaging techniques has allowed neurobiologists to learn something about the neural bases of both romantic and maternal love. Both types of attachment activate regions specific to each, as well as overlapping regions in the brain's reward system that coincide with areas rich in oxytocin and vasopressin receptors. Both deactivate a common set of regions associated with negative emotions, social judgment and the assessment of other person's intentions and emotions. Human attachment seems therefore to employ a push–pull mechanism that overcomes social distance by deactivating networks used for critical social assessment and negative emotions, while it bonds individuals through the involvement of the reward circuitry, explaining the power of love to motivate and exhilarate. Yet, the biological study of love, especially romantic love, must go beyond and look for biological insights that can be derived from studying the world literature of love, and thus bring the output of the humanities into its orbit.

Evolutionary and Biological basis of Love

From the perspective of evolutionary psychology, the experiences and behavior associated with love can be investigated in terms of how they have been shaped by human evolution. For example, it has been suggested that human language has been selected during evolution as a type of “mating signal” that allows potential mates to judge reproductive fitness. Geoffrey F. Miller described evolutionary psychology as a starting place for further research. He described “Cognitive neuroscience could try to localize courtship adaptations in the brain”. Most importantly, we need much better observations concerning real-life human courtship, including the measurable aspects of courtship that influence mate choice, the reproductive (or at least sexual) consequences of individual variation in those aspects and the social-cognitive and emotional mechanisms of falling in love.”

Since Darwin's time there have been similar speculations about the evolution of human interest in music as a potential signaling system for attracting and judging the fitness of potential mates. It has been suggested that the human capacity to experience love has been evolved as a signal to potential mates that the partner will be a good parent and be likely to help in passing genes to future generations. Biologist Jeremy Griffith defines love as 'unconditional selflessness', suggesting utterly cooperative instincts developed in modern humans' ancestor.

Gratifying ourselves with Love

In 2005, Helen Fisher led a research team and published a ground breaking study, which included the first functional MRI (fMRI) images of the brains of individuals in the throes of romantic love. Her team analyzed 2,500 brain scans of college students, who viewed pictures of someone special to them and compared the scans to ones taken when the students looked at pictures of acquaintances. Photos of people they romantically loved caused the participants' brains to become active in regions rich with Dopamine, the so-called 'feel-good' neurotransmitter. Two of the brain regions that showed activity in the fMRI scans were the Caudate nucleus, a region associated with reward detection, expectation and the integration of sensory experiences into social behavior, and the Ventral tegmental area, which is associated with pleasure, focused attention and the motivation to pursue and acquire rewards.

The Ventral tegmental area is the part of what is known as the brain's reward circuit, which, coincidentally, was discovered by Jacqueline Olds's father James, when she was 7 years old. This circuit is considered to be a primitive neural network, meaning it is evolutionarily old, which links with the Nucleus accumbens. Some of the other structures that contribute to the reward circuit, i.e. the Amygdala, the Hippocampus, and the Prefrontal cortex are exceptionally sensitive to behavior that induces pleasure, such as sex, food consumption, and drug use. "We know that primitive areas of the brain are involved in romantic love," said Jacqueline Olds, an Associate Professor of Psychiatry at Boston's Massachusetts General Hospital and she added that "these areas light up on brain scans when talking about a loved one. These areas can stay lit up for a long time for some couples."

When we are falling in love, chemicals associated with the reward circuit flood our brain, producing a variety of physical and emotional responses—racing hearts, sweaty palms, flushed cheeks, feelings of passion and anxiety. Levels of the stress hormone Cortisol increase during the initial phase of romantic love, marshaling our bodies to cope with the "crisis" at hand. As cortisol levels rise, levels of the neurotransmitter Serotonin become depleted. Low levels of serotonin precipitate what Richard Schwartz described as the "intrusive, maddeningly preoccupying thoughts, hopes, and terrors of early love"—the obsessive-compulsive behaviors associated with infatuation.

Neurochemistry and Neural circuits of Love

Donatella Marazziti, Professor of Psychiatry and Director of the laboratory of Psychopharmacology at the University of Pisa, has found that early stages of romance are linked with diminished levels of the neurotransmitter Serotonin and of a serotonin receptor. These two molecules are also depleted in Obsessive-compulsive disorder. Since both conditions (to different extents) also give rise to feelings of anxiety and obtrusive thinking, it is tempting to think of early love as a mild, temporary form of obsessive behavior. Early romance is also characterized by higher levels of several different molecules related to stress response. Twelve to 18 months into a relationship, both serotonin and the stress molecules are restored to normal levels.

Being love-struck also releases high levels of Dopamine, a chemical that "gets the reward system going," said Jacqueline Olds. Dopamine activates the reward circuit, helping to make love a pleasurable experience similar to the euphoria associated with use of cocaine or alcohol. Scientific evidence for this similarity can be found in many studies, including one conducted at the University of California and published in 2012 in 'Science'. This study reported that male fruit flies that were sexually rejected drank four times as much alcohol as fruit flies that mated with female fruit flies. "Same reward center," said Schwartz, "different way to get there."

Other chemicals at work during romantic love are Oxytocin and Vasopressin, hormones that have roles in pregnancy, nursing and mother-infant attachment. Released during sex and heightened by skin-to-skin contact, oxytocin deepens feelings of attachment and makes couples feel closer to one another after having sex. Oxytocin, known also as the 'love hormone', provokes feelings of contentment, calmness, and security, which are often associated with mate bonding. Vasopressin is linked to behavior that produces long-term, monogamous relationships. The differences in behavior associated with the actions of the two hormones may explain why passionate love fades as attachment grows.

In addition to the positive feelings romance brings, love also deactivates the neural pathway responsible for negative emotions, such as fear and social judgment. These positive and negative feelings involve two neurological pathways. The one linked with positive emotions connects the Prefrontal cortex to the Nucleus accumbens, while the other, which is linked with negative emotions, connects the Nucleus accumbens to the Amygdala. When we are engaged in romantic love, the neural machinery responsible for making critical assessments of other people, including assessments of those with whom we are romantically involved, shuts down. "That's the neural basis for the ancient wisdom "Love is blind," said Schwartz.

Picture Courtesy: Google.

Phenylethylamine as a hormone of Love

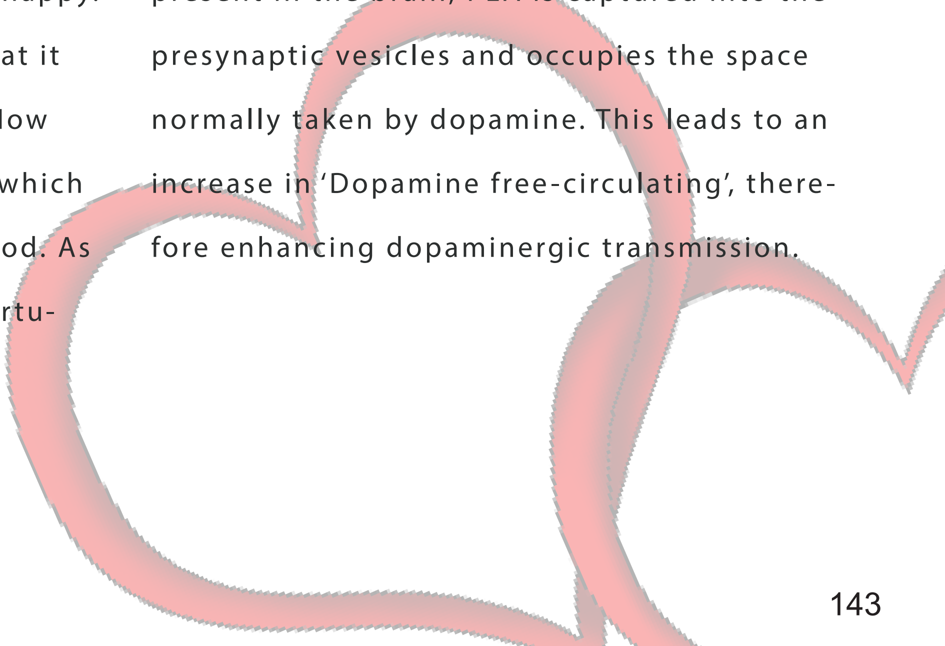
Phenylethylamine (PEA) acts as a releasing agent of Norepinephrine and Dopamine. The first attraction causes us to produce more PEA, which results in those dizzying feelings associated with romantic love. Large quantities of PEA increase both physical and emotional energy and at the same time release more dopamine.

While a half-dozen hormones and neurotransmitters are involved in the experience of love, the hormone at the center of all is Phenylethylamine.

PEA occurs naturally in the brain and acts as a natural Amphetamine, promoting feelings of infatuation when we are in love.

PEA deserves a special attention because it is famous for being found in chocolate. You have probably heard that eating chocolate makes you feel good and even happy. And mostly, all sources are saying that it is because chocolate contains PEA. Now we know that it is mostly dopamine which makes us feel good from the tasty food. As far as PEA is concerned, its role unfortunately has been exaggerated. Phenethylamine from chocolate is getting rapidly metabolized by the different enzymes of gastrointestinal tract, preventing significant concentrations from reaching the brain. So, when we eat chocolate, we feel good from a sweet taste, and not by the concentration of PEA in it. In fact, Phenylethylamine levels are higher in cheese and sausages, which are not associated with chemistry of love, at least by now.

Compared to the other two hormones, PEA acts more as a neuromodulator rather than a neurotransmitter. While increasing the extracellular levels of dopamine, it also modulates noradrenergic transmission (ignition of Norepinephrine system). In other words, it would be fair to say, that PEA is more of a 'helper' for the action of the previous two players. The mechanism for PEA 'helping' is still not very clear. Most probably, when present in the brain, PEA is captured into the presynaptic vesicles and occupies the space normally taken by dopamine. This leads to an increase in 'Dopamine free-circulating', therefore enhancing dopaminergic transmission.



So, only when these three chemicals combine together, we feel the real "chemistry" of love. It is due to this combination that new lovers feel euphoric and energized and can talk days and nights long. However, PEA is documented to have severe cyclical highs and lows in some people, creating 'up and down experience' of excitement, interest, arousal and obsession.

Lasting Love

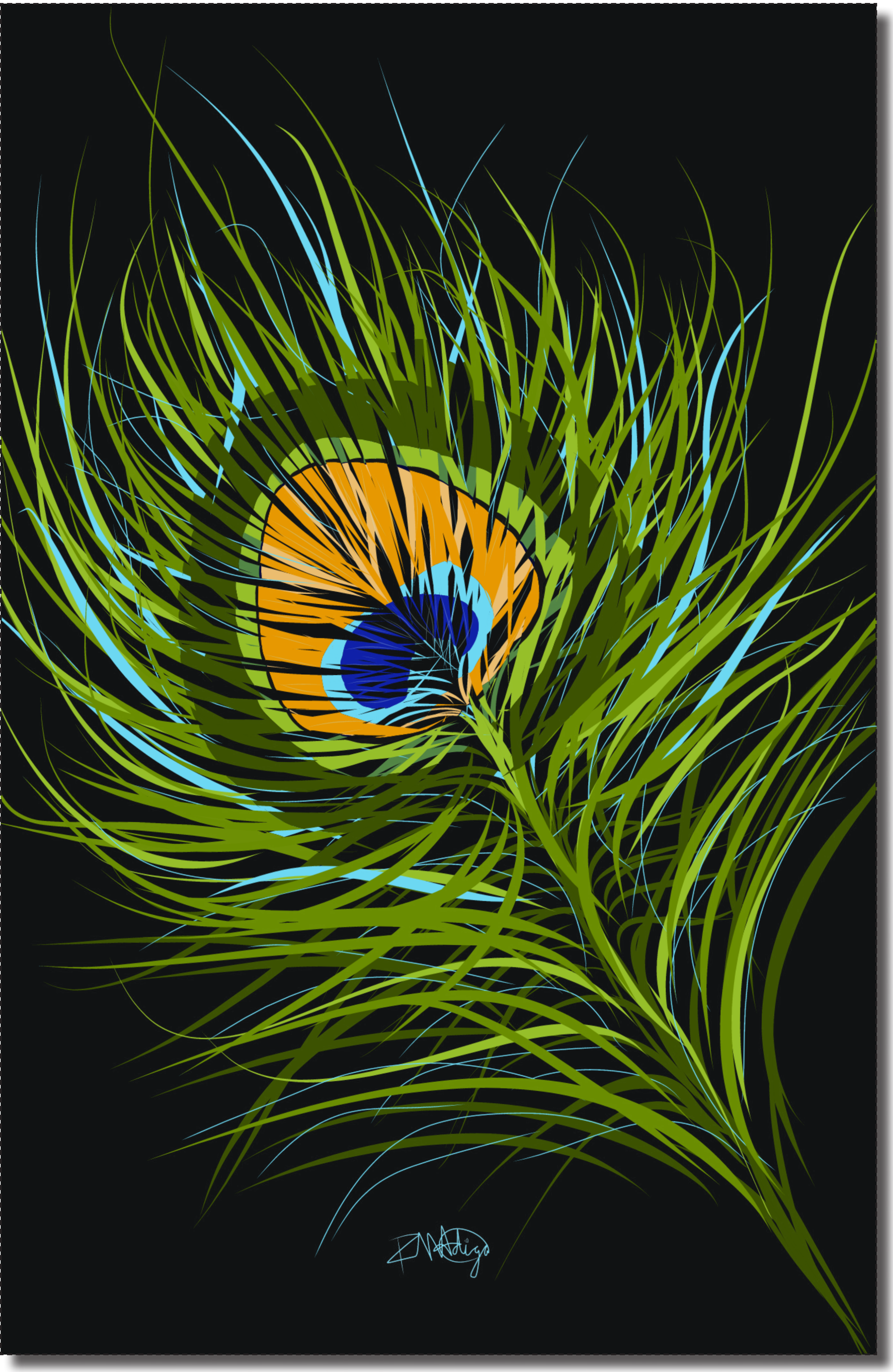
If love lasts, this roller coaster of emotions, angst calms within one or two years, said Schwartz. "The passion is still there, but the stress of it is gone," he added. Cortisol and Serotonin levels return to normal. Love, which began as a stressor (to our brains and bodies, at least), becomes a buffer against stress. Brain areas associated with reward and pleasure are still activated as loving relationships proceed, but the constant craving and desire that are inherent in romantic love often lessen.

Many theories of love propose that there is an inevitable change over time from Passionate love to what is typically called Compassionate love—love that is deep but not as euphoric as that experienced during the early stages of romance, said Schwartz and Olds. That does not, however, mean that the spark of romance is quenched for long-married couples.

Picture Courtesy: Google.

A study conducted in 2011 at Stony Brook University in New York, found that it is possible to be madly in love with someone after decades of marriage. The research team, which included Fisher, performed MRI scans on couples who had been married an average of 21 years. They found the same intensity of activity in Dopamine-rich areas of the brains as found in the brains of couples who were newly in love. The study suggested that the excitement of romance can remain while the apprehension is lost. "A state-of-the-art investigation of love has confirmed for the very first time that people are not lying when they say that after 10 to 30 years of marriage they are still madly in love with their partners." For those whose long-term marriage has transitioned from passionate, romantic love to a more compassionate, routine type of love, Olds indicated it is possible to rekindle the flame that characterized the relationship's early days. "We call it the rustiness phenomenon. Couples get out of the habit of sex, of being incredibly in love, and often for good reasons" she added. But that type of love can be reignited. Sexual activity, for example, can increase Oxytocin levels and activate the brain's reward circuit, making couples desire each other more, thus strengthening the saying 'True love lasts forever'.

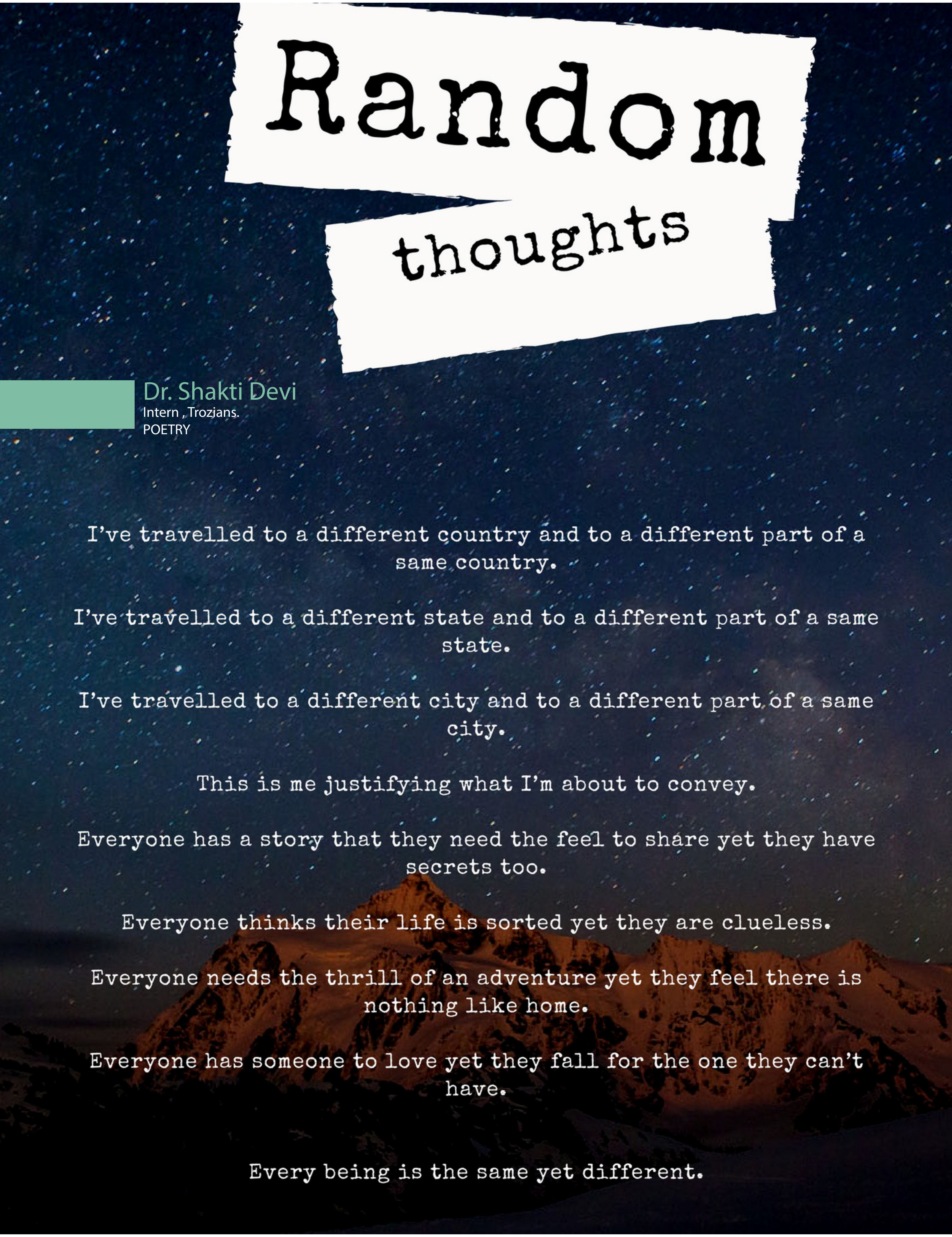
Picture Courtesy: Google.



Rakshith M Adiga

Phase III/II, Advitiyas

DIGITAL ART



Random thoughts

Dr. Shakti Devi
Intern , Trozjans.
POETRY

I've travelled to a different country and to a different part of a same country.

I've travelled to a different state and to a different part of a same state.

I've travelled to a different city and to a different part of a same city.

This is me justifying what I'm about to convey.

Everyone has a story that they need the feel to share yet they have secrets too.

Everyone thinks their life is sorted yet they are clueless.

Everyone needs the thrill of an adventure yet they feel there is nothing like home.

Everyone has someone to love yet they fall for the one they can't have.

Every being is the same yet different.

Picture Courtesy: Google.

AN ORPHAN

We are all so fortunate
To have our parents
But there are those less fortunate
Who alone face life's torrents?

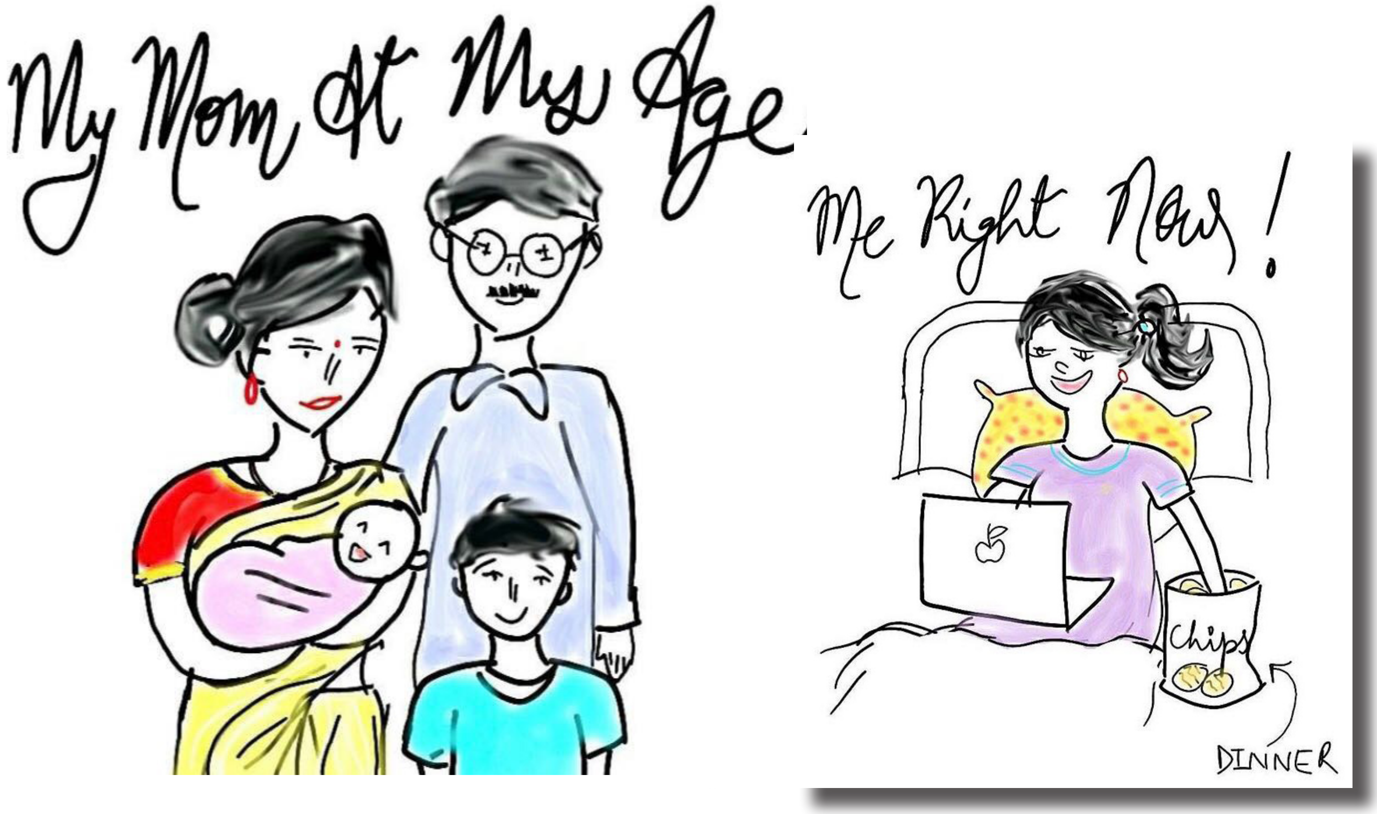
They are the epitome of endurance
Just go on in life no matter where it takes
We have our parents
But they don't have them to love

The life teaches them,
These orphans, to be diligent
Each penny is important to them
And we treat them like affluent.

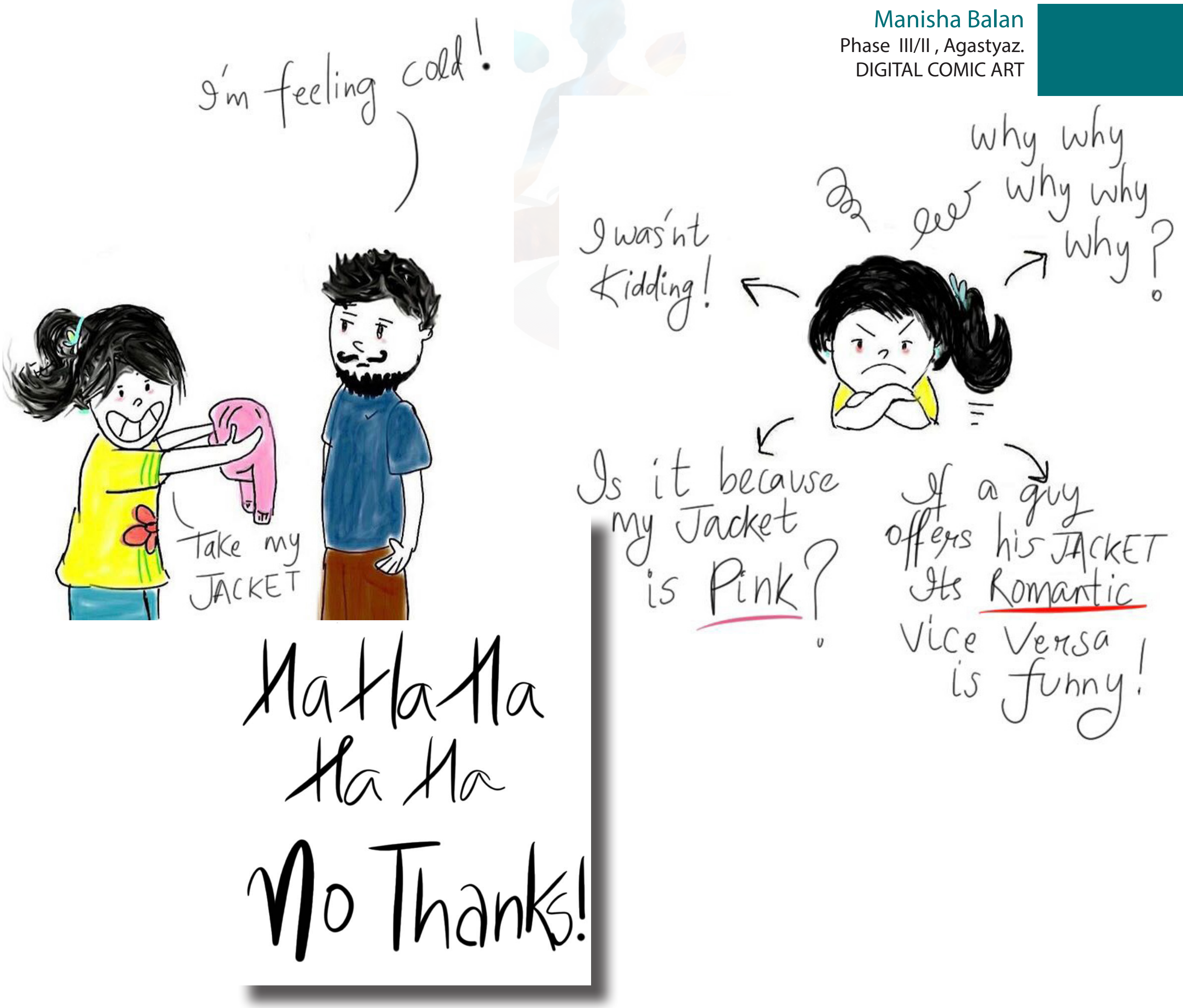
Forget not, my friend
That the lotus blooms in mud
As humans we should apprehend
We waste money, clothes and food
When they strive for even a morsel
We spend on such unimportant things.

Instead of having a birthday bash
And spending a lot of cash
Just go to an orphanage and give them
A moment of joy and happiness
And make it a bit more useful
As we all are fortunate
But they are the real unfortunate

Somesh Chougule
Phase III/II, Advitiyas.
POETRY


My Mom At My Age
Me Right Now!
Chips
DINNER

Manisha Balan
Phase III/II , Agastyaz.
DIGITAL COMIC ART

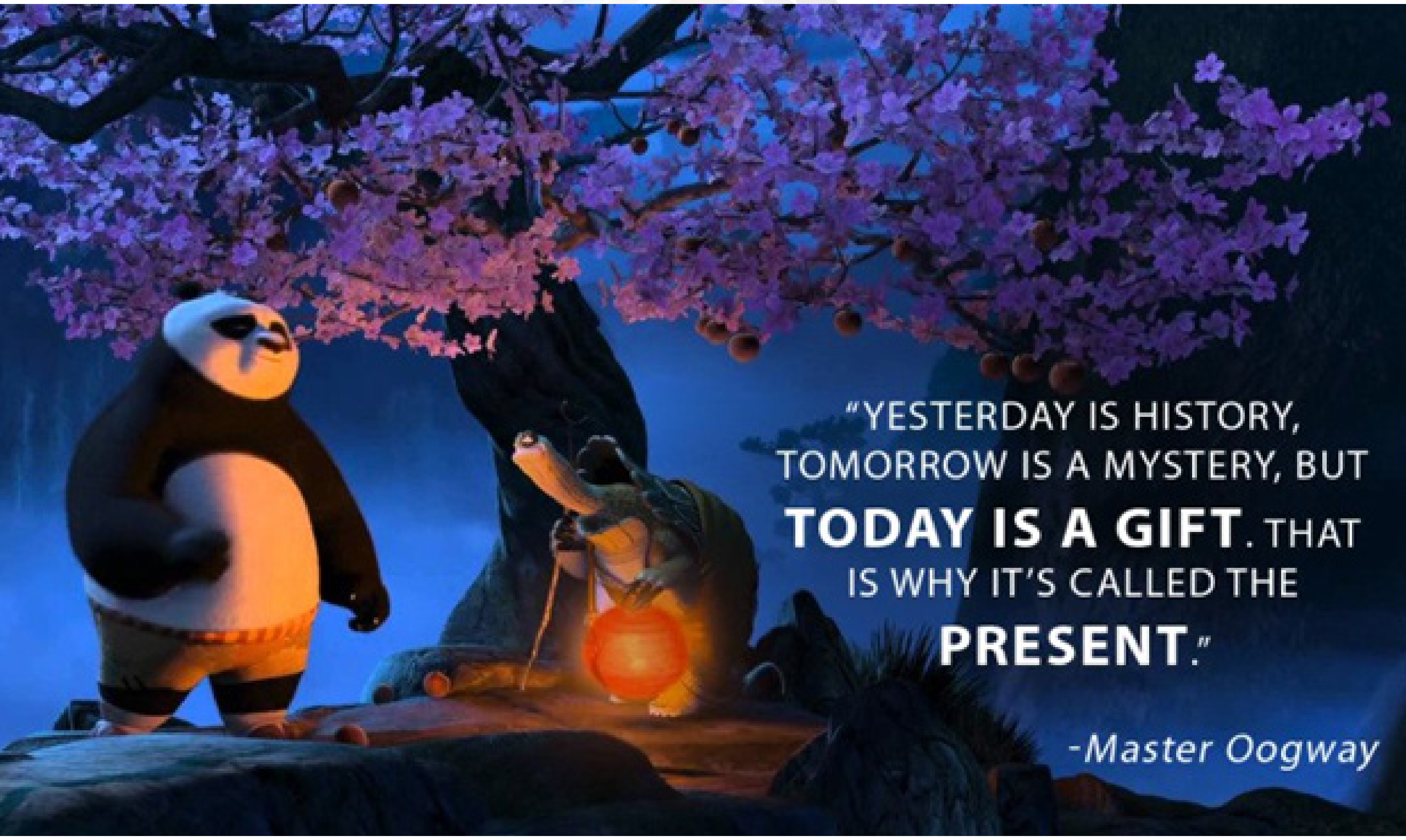

I'm feeling cold!
Take my JACKET
HaHaHa
Ha Ha
No Thanks!
I wasn't kidding!
why why
why why
why?
Is it because
my Jacket
is Pink?
If a guy
offers his JACKET
Its Romantic
Vice Versa
is funny!

BLACK DOG

Spoiler Alert: This entire article and the next few pages so forth are about the concept of depression.

"You're braver than you believe, and stronger than you seem, and smarter than you think."
- Christopher Robin

Ah well, by just reading the first line of this article more than half the readers that have picked up this magazine with the intention to read it have skipped this so as to see if some of their WhatsApp level jokes might have made its way through the pages of this book because they deemed this to be this incredibly disposable topic that they could just pretend that it does not exist. Wait let me substantiate what I'm talking


"YESTERDAY IS HISTORY, TOMORROW IS A MYSTERY, BUT TODAY IS A GIFT. THAT IS WHY IT'S CALLED THE PRESENT."
-Master Oogway

Okay I seriously hope my mum does not read this. Once I joined MBBS, I had this seriously unrealistic dream wherein I was going to score 90+ just like I had done in my twelfth grade, and oh boy after my first internals with nearly failing marks in all my subjects I was honestly flabbergasted with the thought that I could not achieve my so called 90+ dream as it flew in the sky and landed right into a nearby gutter. And then after all the three internals of trying, I was tired, I was sad but being the silly kid I was, I called my mum and I let her know how I felt though even it was nothing even remotely close to depression like I claimed it was:

> “Mum, I think I’m depressed”
>
> “What nonsense?!? Such a thing does not exist”
>
> my mum said in an overly blatant tone.

Well certainly for my most of the parents out there, Depression seems to be disease that effects families who are either involved in black magic or tragic backstories in black and white. And that’s where I believe that the problem began everywhere; The place where the depressed were put into a corner and they were made to believe that the hell that they are going through is something that only happens to crazy people and that they have to be put into ‘mental hospitals’ as portrayed in regional soaps and cinema. Just imagine you are sitting in a toilet with no toilet paper, water is dripping from the ceiling onto your head and there’s a snake in the tiny 1-foot by 1-foot bathroom and masses of people right outside your toilet door start banging the door to tell you that your life is going to be alright and the snake will magically vanish into thin air. Yes, that sums up the situation if the youth ever had to accept if they came down with the unnecessarily tabooed depression and the incessant need to portray it as a sign of inability of a person to reach the heights of greatness.

Well … Not to sound like a doomsayer but India is the most depressed country according to the World Health Organisation with as much as 36% of the total population depressed, which is the highest in the world. This would very well prove the quote “Everybody has his own demons”.

Black dog as named so by Mr. Winston Churchill as a metaphor and named rightly so, as just like an angry gnarly animal baring its teeth, all it needs is someone to stop and give it some time, some hope and some love and that’s when you’ll see that your problem is solved. And every black dog has a collar, why you may ask. That’s because depression is a manageable, treatable illness.

Certainly when I first thought that I had depression, I was just disappointed and sad rather than actually experiencing what it truly was. It was only when I read up about depression soon after the passing of Chester Bennington, the lead singer of Linkin Park and a huge influence on my childhood did I then realise what I may have thought about it was just skimming off the top layer of a multi-tiered complex recipe. In which the most important binding agent, the loss of hope, the very thing that pushes a person to tide over negativity is the hope of a better future and its direct loss is what puts a person into a pit of isolation.

So if you happen to find somebody who is either having any of these tell-tale signs of having trouble concentrating and making decisions , missing way too many classes for it to be considered as casual bunking, feelings of guilt and bundling up emotions without sharing them and the familiar isolation and breaking up from friends you have loved and cared for at long , food consumption disturbances, sleep disturbances and persistent lack of empathy and ‘empty’ feelings that entwine a person should definitely be put onto a little notepad on the side of your sight. A person that may show one or many of these signs should not be further isolated but instead one should make a general attempt to talk to him/her and if the person is really depressed, try to get in touch with his/her friends or if possible bring them forward to medical assistance.

Often as a student, I find that many have this excessive overwhelming urge that does nobody any good, ‘the devils gossip’, “Hey have you heard about this person X, she is showing too much attitude” and “have you always seen X going out with Y, I definitely think they are dating”. I mean sure it’s a good thing to talk about people and keep yourself busy in the conversation but things can easily go wrong when the talks turn into rumors when then turn into allegations, which may push a person out of bounds from the platform of social well-being and I have very well seen them breaking up good friends as well.

The solution starts when each and every one of us, use the value of words to enthrall rather than hurt. There are 1.3 billion people in India you are bound to run into people who scream too much and flamboyantly display themselves to other people. There are multitudes of people of different tastes among all that life has to offer to you and, there might be day when just talking to a person that you might have felt was sad on a particular day might have saved his/her life. There are people who have not heard words of encouragement their whole life and you could be their light. You have nothing to lose in the process but in all you could really find a person that you could value and be valued yourself.

And to anyone out there who has still stuck through the end of this passive aggressive article and you are looking out for someone who really needs to tell you something, this is for you.

> “Maybe you have to know the Darkness before you can appreciate the light” – Madeline L’Engle.

Do not believe the things you tell yourself when you are sad and alone. Ever know why Whiteners are still in business? Because however elegant the pen may be, it may be a cheap pen or a really expensive pen like a Parker or Sheaffer. Still the human, handling it will make mistakes and that’s perfectly normal.

When life gets you down , do you wanna know what you’ve gotta do?

JUST KEEP SWIMMING

JUST KEEP SWIMMING

JUST KEEP SWIMMING

-Dory , Finding Nemo

Christopher Jude Pinto
Phase III/I, Avyukthas.
ARTICLE

Dr.Shekar Hiregoudar
Intern, Agastyaz
PHOTOGRAPHY

Dr.Amogh Patil
Intern, Agastyaz
PHOTOGRAPHY

INNER PEACE

My heart skipped a beat when I first tip toed into these corridors!

Huffeled muffled were these voices once

Treacherous are they now!

The inumerable voids hustled for a ripple to gush in and calm the agony!

All that masquerade seemed so quite and acquainting an year ago,

just when accommodation reflex blurred my vision,

now that was a dilemma!

Either its the lack of self love or the lack of experience and acceptance.

My heart yet again skipped a beat when I questioned me for all the electrons around!

Then the proton within initiated a wave that never left the nucleus!

Buffering to a pH 7 was environmentally mutated.

Sailing like a pirate, telescoping for compensatories I noticed a refractile!

100x 'Focus pictured me the pretty soul I once was!

My heart skipped a beat for one last time.

The ischemia now was strong enough to trigger the Torsade-de-pointes.

Incurable it was for it had filled all the empty orbits in my atom.

'Bonjour' I wooed!

For I found me amidst this crowd.

Neha Hubli
Phase II, Atharvas.
POETRY

Picture Courtesy: Google.

WHY ME?

- SHAKTI DEVI

Of all the professions, why is mine the most interfered with?

Of all the skills, why is mine the most doubted?

Of all the duty hours, why should mine round the clock?

Of all the people's earnings, why is mine wrongly claimed?

Of all the personal lives, why is mine seen as a crime?

Of all the academic choices, why is mine the most tedious?

Of all the training programmes, why is mine the cut-throat one?

Of all the people in the world, why is my life questioned the most?

I KNOW WHY!

B'coz i deal with life and death of another human.

B'coz i ensure the presence of someone's soul in a body.

Yes! I deal with it directly.

I'm the first hand.

But it ain't a business nor a game and definitely not everyone's cup of tea.

This is what i have worked for, this is what i have slogged for coz mediocrity scares
me. Not to brag, not to boast.

My job is way over the line to be casual but this is what i've longed for, devoted
myself for. Just like any other human, even i have limits.

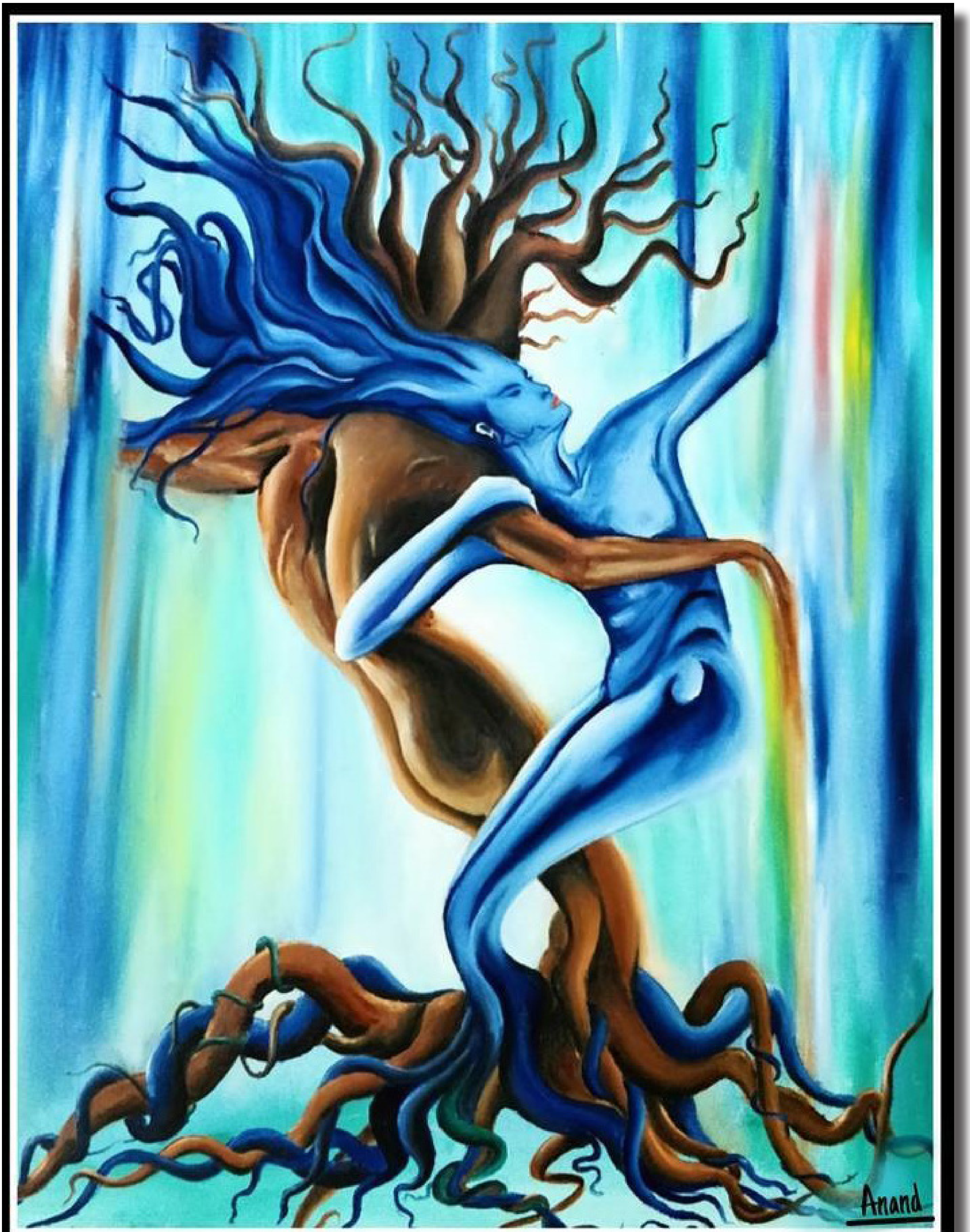
I'm not a machine.

After all this thought, i have one question

Should i regret that i chose Medicine.

If so, why me?

Dr. Shakti Devi
Intern, Trozians
POETRY



Dr.Anand Chikmath

Intern, Troezians.

ART WORK (Watercolor painting)

CASE SHEETS

Ever wondered how Medical records came into establishment?

During medical exams, we take for granted that the doctor will consult and update our medical records, comparing current data with previous visits and noting present medications before prescribing new ones. Before the 20th century, however, medical records weren't kept in a systematic way. Ledger books were often used for jotting down notes, sequenced chronologically rather than according to the patient. In a hospital setting, different departments kept individual ledger books. Unifying a patient's medical history was difficult, if not impossible.

In 1907 at the Mayo Clinic, Dr. Henry Plummer and his assistant, Mabel Root, debuted their innovation in hospital record keeping: the single unit record, organized by the patient and bringing together all documents, including doctors notes test results, in one file. Taking a cue from factories and businesses, Plummer also developed a system of pneumatic tubes and conveyors for transporting the records through the hospital. Simple but effective, the single-unit record was rapidly adopted by medical institutions around the world. As with so many types of information, the next medical – record innovation was the computer. Though the value of the computer-ized medical records has long been recognized, thus for long it's been confined to individual hospitals and providers and used primarily for administrative rather than clinical purposes.

EMR
Electronic
Medical Records
alt

Determining which systems to carry across multiple providers for interoperability and how to convert existing paper documentation have contributed to the slow implementation, complicated by privacy concerns , if leaked , especially in countries like ours , India wherein our security on the web realm isn't too safe. Many national governments – whether overseeing a national health service or just engaged in research, persuasion and legislation- and large health-care providers have promised universal implementation of electronic medical records by around 2015.

Once our medical records are computerized, we'll have the terrifyingly convenient option of implanting radio-frequency identification (RFID) chips containing all our records onto bracelets and tags, which is already in use by some at-risk and high-risk patients.

Christopher Jude Pinto
Phase III/I, Avyukthas.
ARTICLE

Sughosh Mutalik

Phase II, Atharvas
PHOTOGRAPHY

Picture Courtesy: Google.

SCIENCE OR FANTASY?

Wormholes

Most of us would've watched the recent sci-fi hit 'Interstellar'. A space sci-fi movie which depicts the idea of time travelling and inter-dimension communication across past and future (space time). Is the concept just a movie fantasy or is it real science?

A wormhole is a theoretical passage through space-time that could create shortcuts for long journeys across the universe. Wormholes are predicted by the theory of general relativity.

Space time is a concept of time and three-dimensional space regarded as fused in four-dimensional continuum.

Wormholes were first theorized in 1916, though that wasn't what they were called at that time. In 1935, Einstein and physicist Nathan Rosen used the theory of general relativity to elaborate on the idea, proposing the existence of "bridges" through space-time. These bridges connect two different points in space-time, theoretically creating a shortcut that could reduce travel time and distance. The shortcuts came to be called Einstein-Rosen bridges, or wormholes.

Wormholes contain two mouths, with a throat connecting the two. The mouths would most likely be spheroidal. The throat might be a straight stretch, but it could also wind around, taking a longer path than a more conventional route might require.

Einstein's theory of general relativity mathematically predicts the existence of wormholes, but none have been discovered to date. A negative mass wormhole might be spotted by the way its gravity affects light that passes by.

(Negative mass wormholes are like dense suction port in the universe, which has its effect on gravity, light or any energy which comes in contact with the wormhole's energy field.)

Through the wormhole

Science fiction is filled with tales of traveling through wormholes. But the reality of such travel is more complicated, and not just because we've yet to spot one.

The first problem is size. Primordial wormholes are predicted to exist on microscopic levels, about 10–33 centimeters. However, as the universe expands, it is possible that some may have been stretched to larger sizes.

Another problem comes from stability. The predicted Einstein-Rosen wormholes would be useless for travel because they collapse quickly.

'Exotic matter', which should not be confused with dark matter or antimatter, contains negative energy density and a large negative pressure. Such matter has only been seen in the behavior of certain vacuum states as part of quantum field theory.

If a wormhole contained sufficient 'exotic matter', whether naturally occurring or artificially added, it could theoretically be used as a method of sending information or travelers through space. Unfortunately, human journeys through the space tunnels may be challenging.

Picture Courtesy: Google.

"A wormhole is not really a means of going back in time, it's a short cut, so that something that was far away is much closer," NASA's Eric Christian wrote.

Today's technology is insufficient to enlarge or stabilize wormholes, even if they could be found. However, scientists continue to explore the concept as a method of space travel with the hope that technology will eventually be able to utilize them.

Santosh Kannan
Phase III/II, Advitiyas.
ARTICLE

Santosh Kannan
Phase III/II, Advitiyas.
PHOTOGRAPHY

Adnan Rafiq
Phase II/I, Avyukthas.
PHOTOGRAPHY

WHITE

Picture Courtesy: Google.

"What's your favourite color?"

Small talk.

I didn't expect her to reply.

Why would I?

Did I have courage to love in a world

Which is losing its ability to feel everyday?

To remember her face, deprived of childhood,

Of life even.

Can I forget the truth that colours history red today?

"White" she said affirmatively.

Dare I ask her why?

Was it because white is the color of equality?

Where all colors meet and none is seen?

Or was white all she saw

Clothed bodies lined up,

Remnants of Syria's glory.

A war being fought, a cause forgotten.

Blind rage, blinding people.

Gunshots and fires and blasts.

Did she remember them all,

A five year old? Did she need to?

Prayers are said everywhere
as we read the papers
with the gory details.
But do those prayers whispered on our lips reach the ears of those
Who hide in their houses,
Struggling for food,
Waiting till dusk, glad to have
Lived through another day?

While countries fight for power,
For oil, for nuclear weapons.
Caught in the crossfire are those
Like this five year old girl
Whose eyes tell a tale well beyond her age
Who has suffered a loss beyond imagination
Who winces every time she hears a loud sound
Hoping it's not the last one she hears.

Do I have the courage to forget what the world wants me to forget?
Or shall I find solace in the slightest of hopes
That one day all flags of the world
Will blend and be one
As white.

Avanthika Chaitanya
Phase III/II , Advitiyas.
POETRY

Picture Courtesy: Google.

Food - An experience ?!

One cannot think well, love well, sleep well, if one has not dined well
- Virginia Woolf.

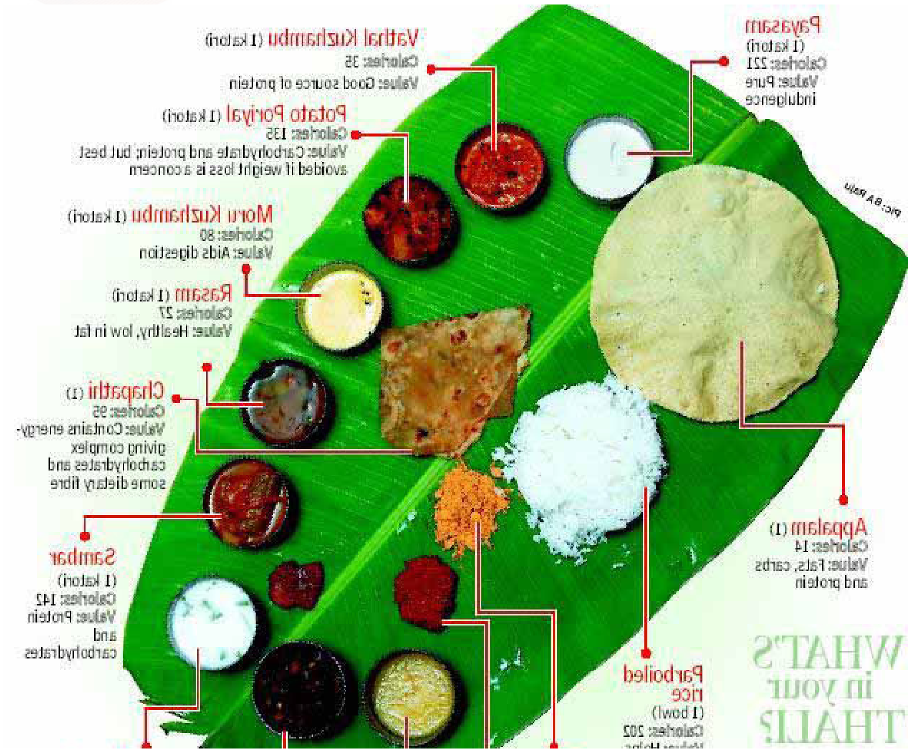
Imagine this. You are at home. Your mom is cooking that amazing dish you love. The smell, the sight, the feel and the taste of the food. Add to this the sound of the food cooking in the backdrop. All of this make for one great experience. The likes of which is irreplaceable.

Now that would be my kind of comfort food. For me, nothing beats coming home to piping hot rice, simmering dal and fried eggs to go with that.

Every meal for me is an experience. And it should be for you too. We normally tend to eat because we have to and not enjoy the meal , as it should be. How many times have we had our breakfast in 2 minutes and rushed to our job. Or skipped lunch because we were too busy. But in fact, nobody is that busy. We just cant manage time well.

There is also scientific reasoning behind every tiny detail of that meal. The hot meal served on the banana leaf absorbs polyphenols from the leaf which are basicallly antioxidants, ergo good for health.

The dishes being served are in some particular order, with dessert being served first or last (depends on which part of South India you are in) and rice at the last which has to be had with rasam, sambar and buttermilk. Also if you would have noticed, everything on the leaf is at a forearm's distance. In the end, the leaf folded with the upper leaf going on the lower one, which signifies that you have enjoyed your meal.


Vathal Kuzhambu (1 katori)
Calories: 35
Value: Good source of protein
Potato Poriyal (1 katori)
Calories: 135
Value: Carbohydrates and protein; but best avoided if weight loss is a concern
Moru Kuzhambu (1 katori)
Calories: 80
Value: Aids digestion
Rasam (1 katori)
Calories: 27
Value: Healthy, low in fat
Chappathi (1)
Calories: 95
Value: Contains energy-giving complex carbohydrates and some dietary fibre
Sambar (1 katori)
Calories: 142
Value: Protein and carbohydrates
Payasam (1 katori)
Calories: 221
Value: Pure indulgence
Pic: BA Raju
Appalam (1)
Calories: 14
Value: Fats, carbs and protein
Parboiled rice (1 bowl)
Calories: 202
WHAT'S in your THALI

Picture Courtesy: Google.

Sweet
Curd
Poriyal
Kootu
Raitha
Pickle
Salt
Appalam
Rice
Poo
Payasam
R
X Axis
R = 15 cm

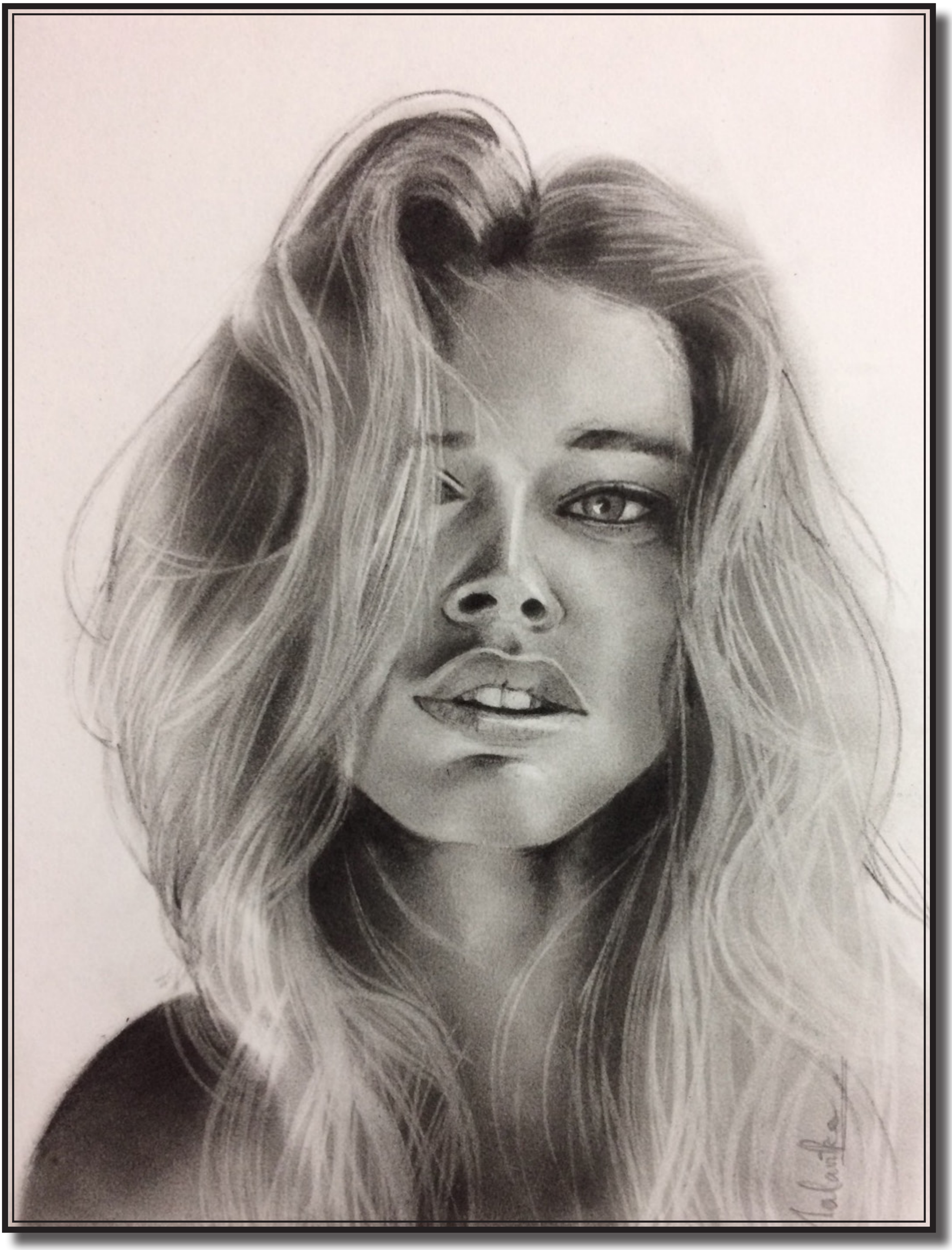
Picture Courtesy: Google.

Also the Indian tradition of eating with your hand is backed by science. It promotes good hygeine. But most importantly, it was believed by ancestors that a meal is a experience and it is to be felt by every organ that can be and hence the eating with your hand. Also you can guage how hot your meal is. Pfft.Try that with a spoon. But seriously ditch that fork the next time you visit a restaurant and bask in some Indian culinary heritage.

My point being, the next time you visit a diner, keep that phone away,soak in the ambience, notice the way the food is plated, take a whiff of the aroma, place that first morsel in your mouth and savour every detail of the dish. The spices, the veggies, the garnishing, the consitency, the texture, the mouth feel. Everything. And while you are at it,dig deep, take interest in the food you are eating. All of this will make for a 'food'astic experience.
Then gulp down whatever is left on the plate.

Happy thulping!

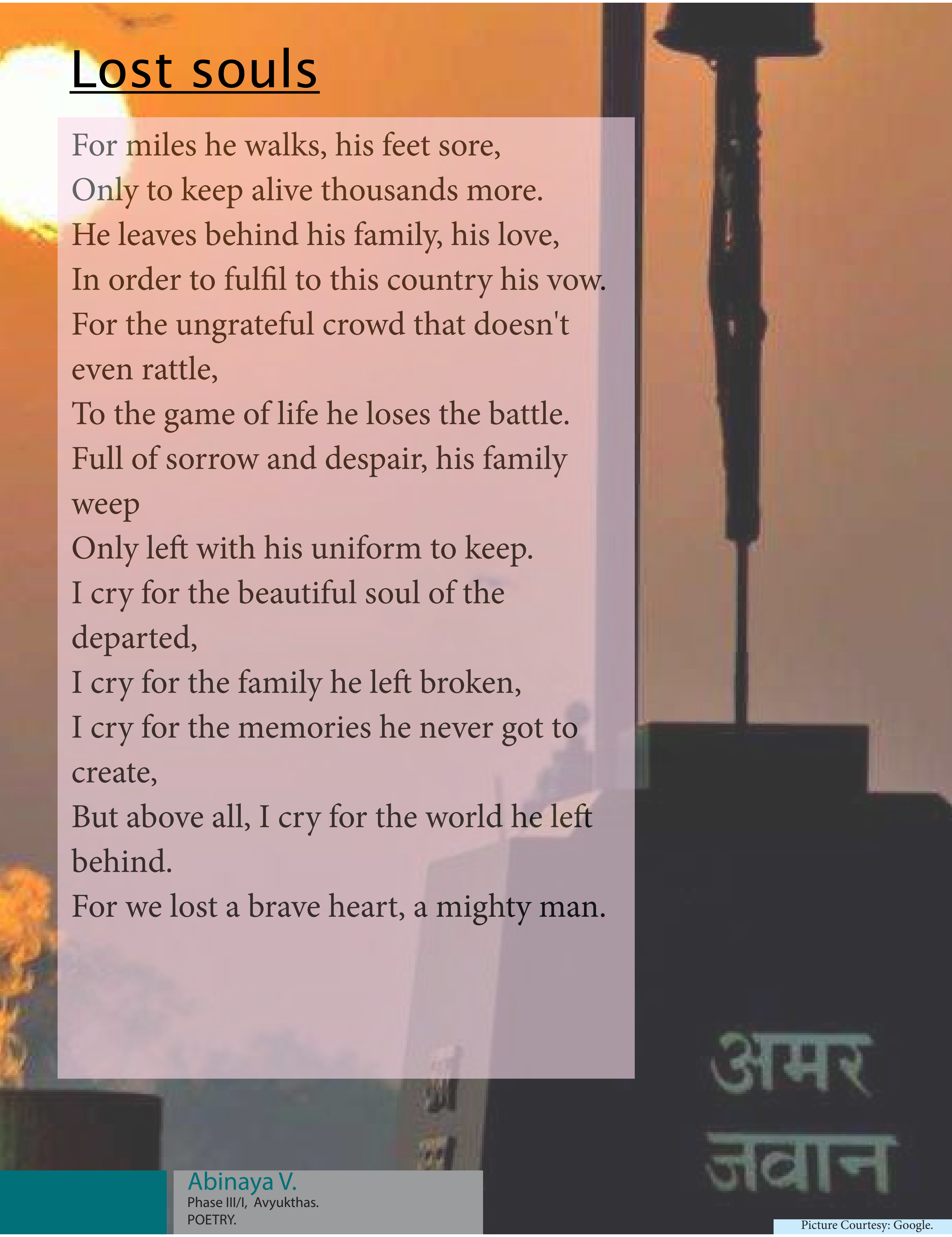
Dr.Amogh Jambagi
Intern, Troazians
ARTICLE



Malavika Rao

Phase II, Atharvas.

ARTWORK (Charcoal sketching)

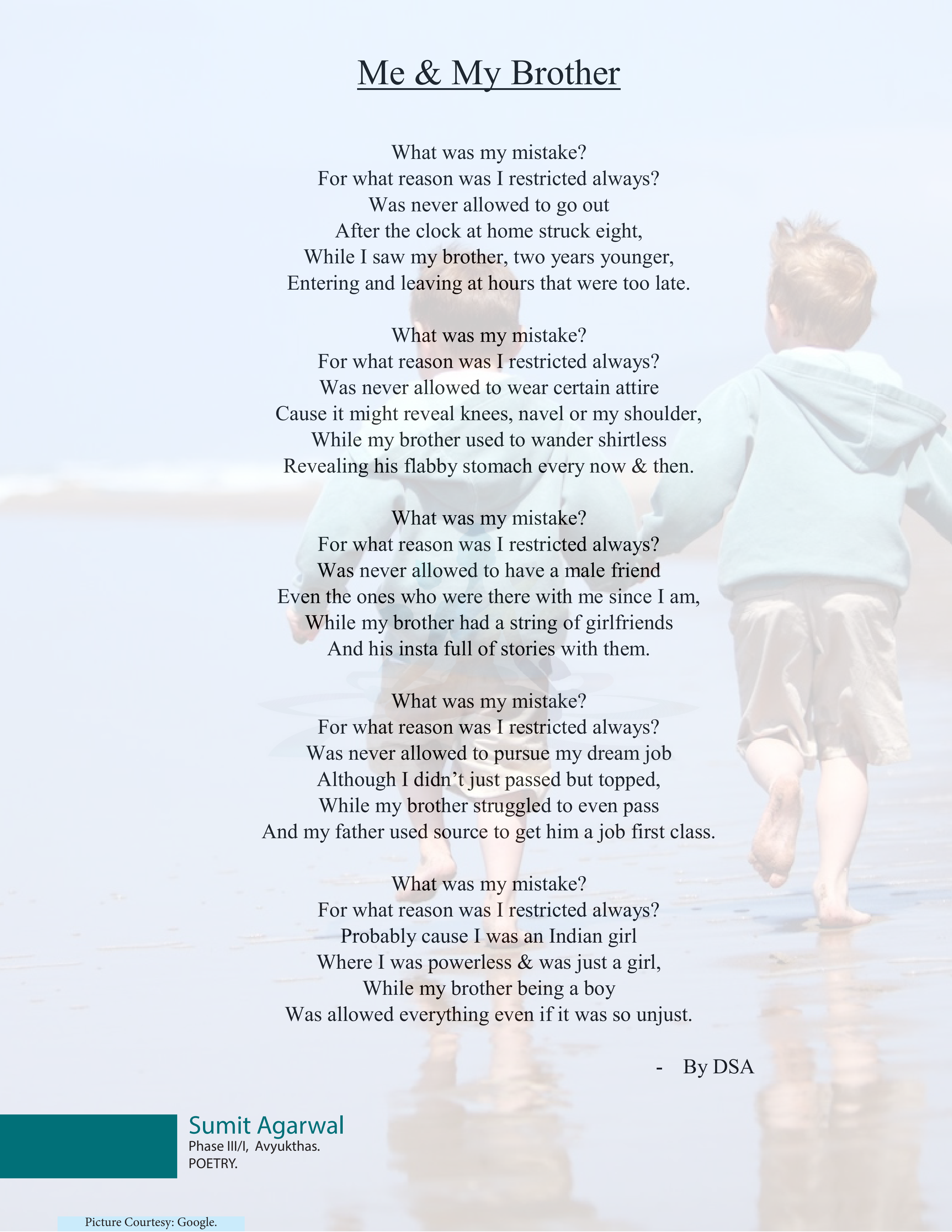


Lost souls

For miles he walks, his feet sore,
Only to keep alive thousands more.
He leaves behind his family, his love,
In order to fulfil to this country his vow.
For the ungrateful crowd that doesn't even rattle,
To the game of life he loses the battle.
Full of sorrow and despair, his family weep
Only left with his uniform to keep.
I cry for the beautiful soul of the departed,
I cry for the family he left broken,
I cry for the memories he never got to create,
But above all, I cry for the world he left behind.
For we lost a brave heart, a mighty man.

Abinaya V.
Phase III/I, Avyukthas.
POETRY.

Picture Courtesy: Google.



Me & My Brother

What was my mistake?
For what reason was I restricted always?
Was never allowed to go out
After the clock at home struck eight,
While I saw my brother, two years younger,
Entering and leaving at hours that were too late.

What was my mistake?
For what reason was I restricted always?
Was never allowed to wear certain attire
Cause it might reveal knees, navel or my shoulder,
While my brother used to wander shirtless
Revealing his flabby stomach every now & then.

What was my mistake?
For what reason was I restricted always?
Was never allowed to have a male friend
Even the ones who were there with me since I am,
While my brother had a string of girlfriends
And his insta full of stories with them.

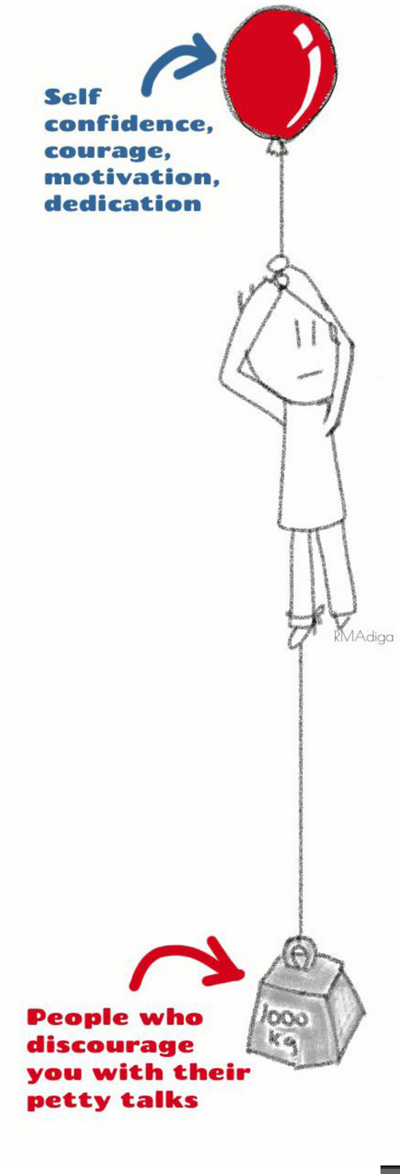
What was my mistake?
For what reason was I restricted always?
Was never allowed to pursue my dream job
Although I didn’t just passed but topped,
While my brother struggled to even pass
And my father used source to get him a job first class.

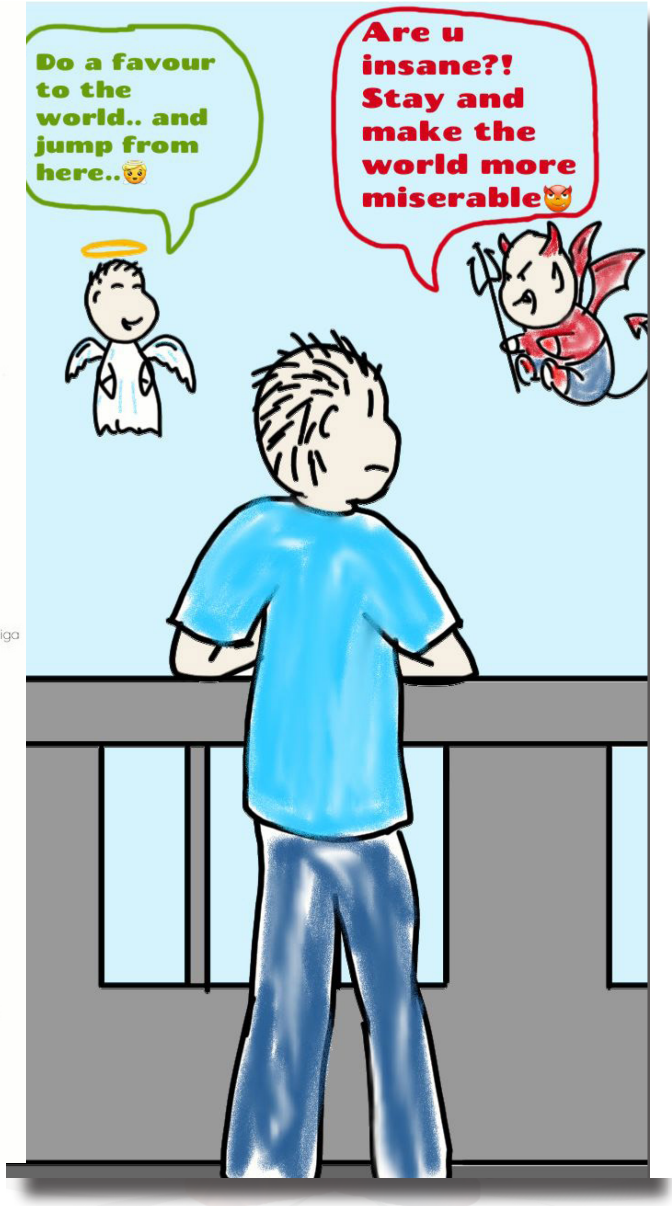
What was my mistake?
For what reason was I restricted always?
Probably cause I was an Indian girl
Where I was powerless & was just a girl,
While my brother being a boy
Was allowed everything even if it was so unjust.

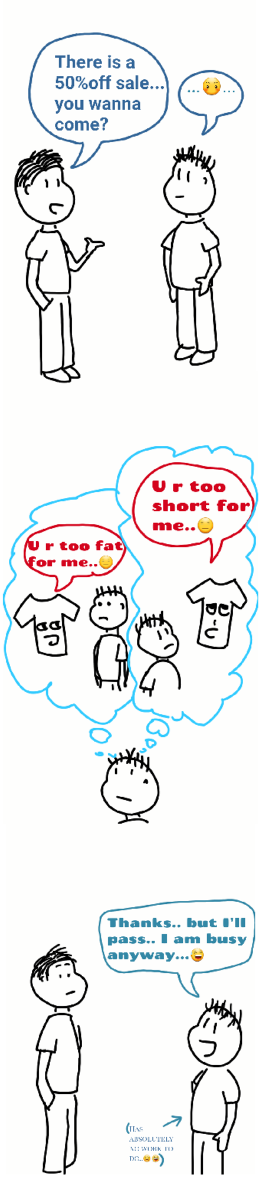
- By DSA

Sumit Agarwal
Phase III/I, Avyukthas.
POETRY.

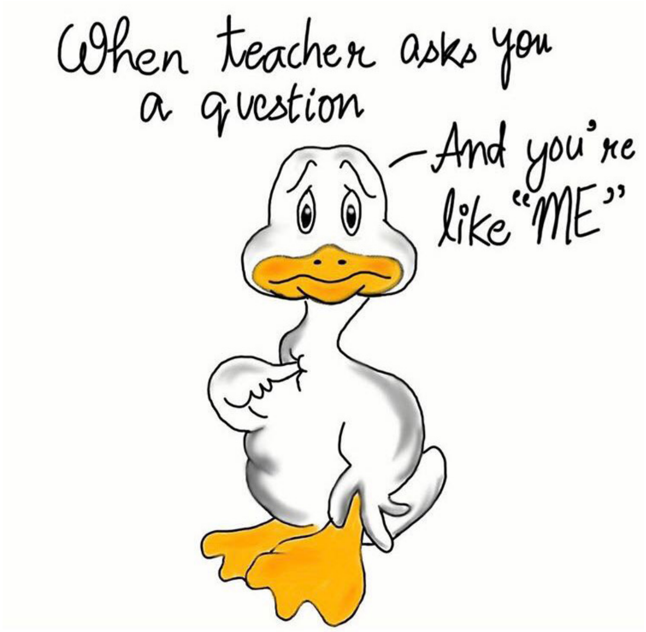
Picture Courtesy: Google.


Self confidence, courage, motivation, dedication
KMAdiga
1000 Kg
People who discourage you with their petty talks


Do a favour to the world.. and jump from here..😇
Are u insane?! Stay and make the world more miserable😈


There is a 50%off sale... you wanna come?
...😶...
U r too fat for me..😑
U r too short for me..😑
Thanks.. but I'll pass.. I am busy anyway...😒
(Has absolutely no work to do..😫😂)

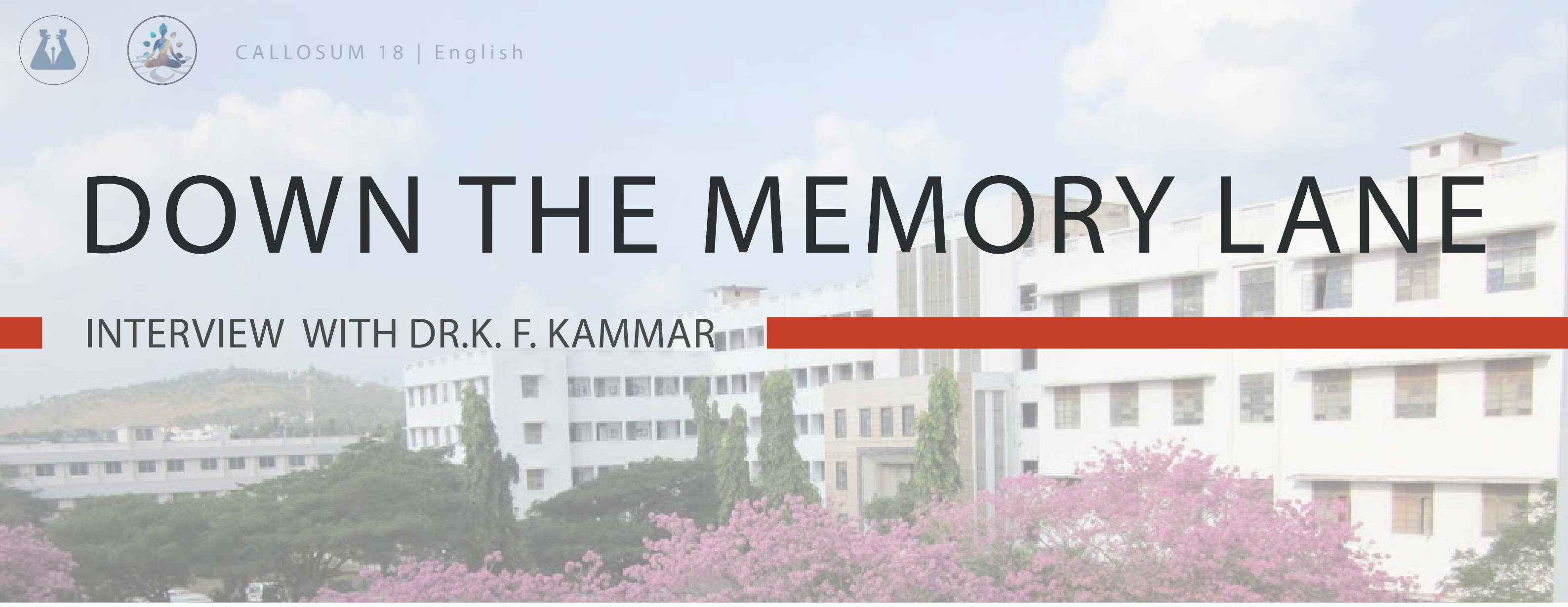
Rakshith M Adiga
Phase III/II, Advitiyas.
DIGITAL COMIC ART.


When teacher asks you a question
And you're like "ME"

Manisha Balan
Phase III/II, Agastyaz.
DIGITAL COMIC ART.

DOWN THE MEMORY LANE

INTERVIEW WITH DR.K. F. KAMMAR



The first thing that mesmerizes every student's mind who joins KIMS is its beautiful campus and the exciting campus life of KIMSians.
This thought led us (the cool guys in the MAGAZINE committee) wondering about the in-campus activities of our elders who have made history in KIMS and are now excellent doctors helping the mankind.

We needed someone to quench this thirst. Well, who better than our own principal, Dr. K F Kammar who pursued his under and post-graduation in KIMS, worked in KIMS, and is now the active principal of KIMS.

He definitely knows KIMS like the back of his hand. Enthusiastic, generous, idealistic, captain cool are just some of the adjectives that can be used to describe him.

Kammar sir generously agreed to spare his time and take a trip down the memory lane with Ajit Dhumale, Ananth Miskin and Sughosh Mutalik, filled with laughter, nostalgia and inspiration.

- **SIR, WHY DID YOU CHOOSE MEDICAL AND HOW DID YOU FEEL WHEN YOU GOT A MEDICAL SEAT?**

Initially I got a seat in NITK Suratkal EEC branch. I had scored 97% in PCM, 87% in PCB and a centum in Mathematics. Later got a medical seat through rural quota. I felt very happy and prestigious to have gotten a seat in KMC, Hubli. I was the 8th person to get a MBBS seat from Hangal Taluk. My parents were really happy too and I felt it was a good opportunity to serve my people. Even just a walk in our campus filled with greenery was a joy and buildings were big and very good too.

- **SIR, HOW WAS ACADEMIC LIFE IN KIMS AS AN UNDER GRADUATE STUDENT ?**

Having entered such a noble field, the thought of making a difference in people's life inspired me to study hard and remain dedicated. It was memorable and life turning.

First year was for one and a half years and I feel lucky to have had great teachers in our time such as Dr. Vishwanath from anatomy department who was a strict and great teacher. He used to take extra classes from 5 to 10 PM. We used to be scared to face him during viva. We had Dr.S V Kulkarni, Dr. Lalit, Dr. Akkamma, Dr. Chauhan, Dr. K S Patil and Dr. Rudrappa, they were the backbone of our academics. We even learnt a lot from our seniors and considered them as 'academically strong people'.

Postings used to be strict and interesting with pin drop silence. In our times investigation were less and diagnosis was made on clinical judgment and skills. Many teachers took evening classes and rounds after tea break.

- **SIR, HOW WERE THE SPORTS AND CULTURAL ACTIVITIES IN KIMS ?**

We used to play a lot of cricket, volleyball and kabaddi beside Anand hostel. Once we had invited famous cricketer Syed Kirmani for our sports day.But we generally focused more on studies. The library was always full making it difficult find an empty seat.

- **SIR, ANY MEMORIES YOU WOULD LIKE TO SHARE FROM YOUR UG LIFE?**

I still remember how scared we were to give our viva to Dr. Vishwanath from anatomy department. I really enjoyed the frog experiments done in physiology practical. We used to get a chance to assist in minor surgeries. I remember getting a chance to excise a sebaceous cyst once. Our postings used to be very strict. We used to be told to ‘ come after 6 months’ if we were irregular.

- **SIR, CAN YOU TELL US SOMETHING ABOUT YOUR LIFE AS AN INTERN AND PG IN KIMS?**

I really enjoyed my life as an intern. I was first posted to pediatrics. The stipend that time was 600 rupees, which we later increased to 900 rupees. I still remember, my one day’s stipend was cut because I had forgotten to sign after duty. We used to be posted to Kalghatgi and Dharwad, where we used to practice like doctors.

- **SIR, HOW DID IT FEEL TO LATER WORK AND ALSO BECOME THE PRINCIPAL IN THE SAME COLLEGE YOU LEARNT?**

It felt great to work in KIMS as I got a chance to -continue to stay and be in KIMS. I enjoyed teaching and being a part of activities going on in the campus. I was promoted as HOD of physiology in 2006. And Later on I was picked to become the principal in 2006.

> I still remember how scared we were to give our viva to Dr. Vishwanath from anatomy department. I really enjoyed the frog experiments done in physiology practical.

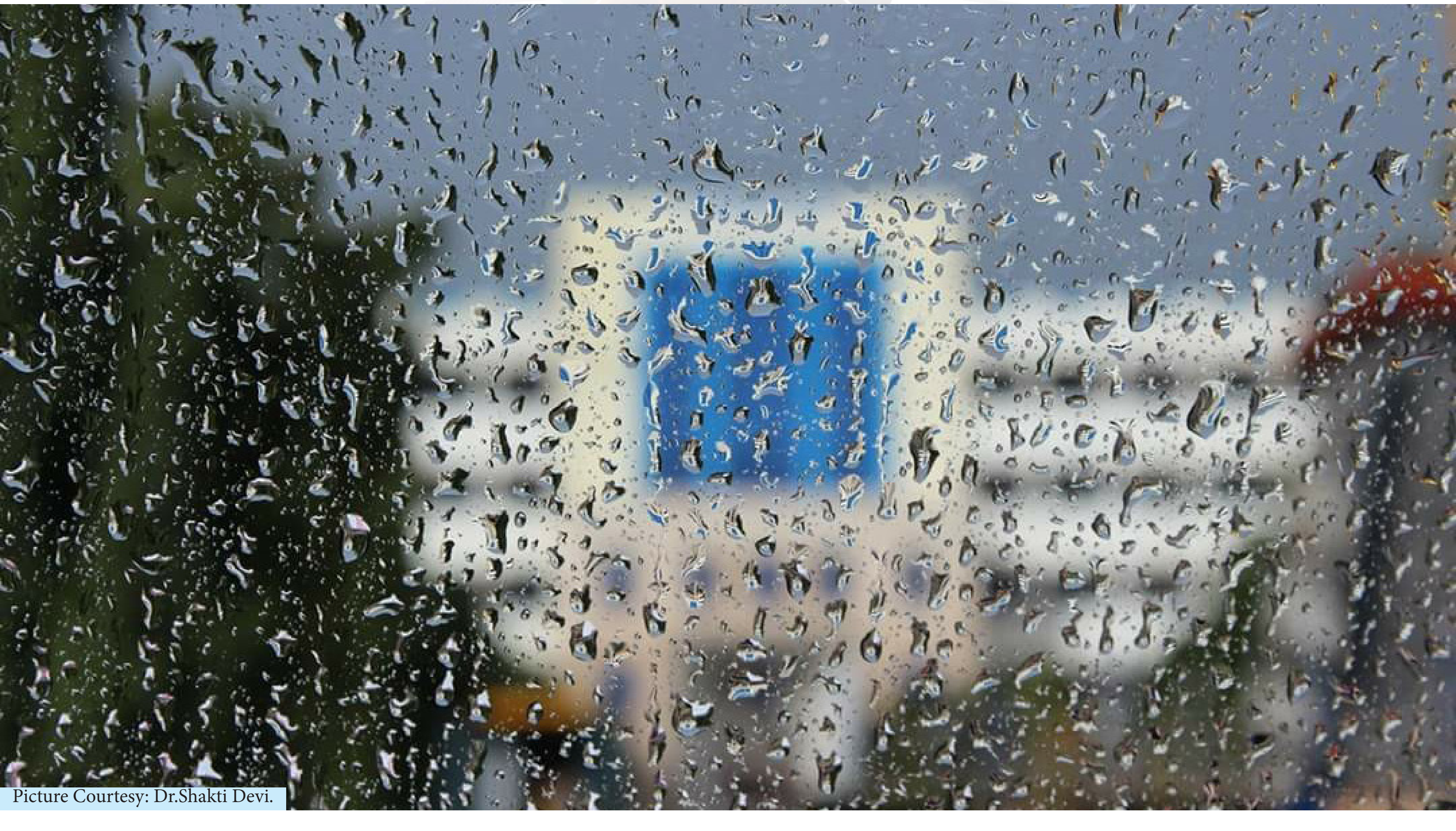
> We had no mobiles around our time. I think that really made a difference !

- **SIR, YOU HAVE BEEN HERE AS AN UG STUDENT, A PG STUDENT, A TEACHER, AS HOD OF PHYSIOLOGY DEPARTMENT AND AS THE PRINCIPAL OF KIMS. CAN YOU TELL US HOW STUDENT LIFE HAS CHANGED IN THESE YEARS?**

We had no mobiles around our time. I think that really made a difference. We used to read text books and attend classes regularly. I feel the commitment and discipline in the students has decreased a bit. Even the society has changed. And as we didn't have mobiles, we spent all our time in studies, sports and had fun with friends.

- **SIR FINALLY, WHAT ADVICE WOULD YOU LIKE TO GIVE TO THE STUDENTS ?**

I would like the students to show more commitment and discipline



Picture Courtesy: Dr.Shakti Devi.

IMAGINE, A WORLD FULL OF SUPER POWERS AND YOU GOT TO CHOOSE WHAT YOUR POWER WOULD BE ,
WHAT WOULD YOU CHOOSE?
WELL, I HAVE MADE MY CHOICE ALREADY , I AM A SUPERHERO TOO(WELL, IN MY FANTASY WORLD)
WHAT ARE MY POWERS?

I CAPTURE LIGHT , FREEZE TIME , FRAME MOMENTS TO RELISH ,YES I AM A PHOTOGRAPHER (A NOOB STILL!) AND IN THE REAL WORLD? A DOCTOR , A HEALER (OK RUNNING OUT OF ADJECTIVES IN THIS NARCISSTIC POST ;P)

THERE ARE A MILLION WAYS PHOTOGRAPHY CAN CHANGE YOUR LIFE , YOU TEND TO LIVE IN THAT MOMENT CAPTURE IT , MAKE IT YOURS FOREVER, YOU LEARN TO STAY PATIENT, YOU TEND TO CONNECT WITH PEOPLE IN A MORE INTRICATE WAY , YOU TRAVEL MORE, CHALLENGE YOURSELF MORE GO OUT OF YOUR COMFORT ZONE ALL FOR THAT ONE PERFECT SHOT !

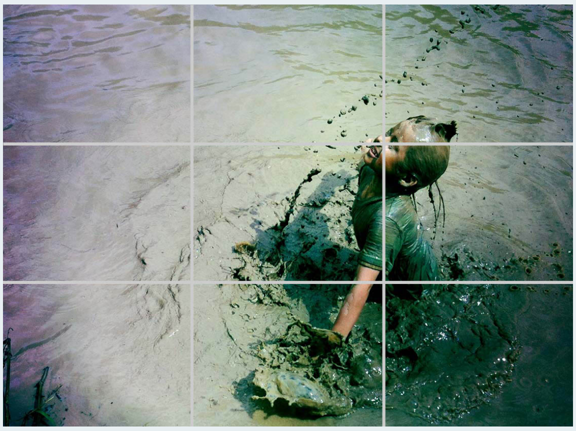
WHAT CHANGED IN MY LIFE AFTER PHOTOGRAPHY?

A hell lot, an introvert shy guy became a social person, a tourist became a traveller, a watcher became an observer, a short tempered guy became a more patient and cool person,and a guy with no talent to boast about became a guy with something worthy to share with a small audience , journey's been awesome.

SHUTT

RULE OF THIRDS

Keep those guidelines option of your camera to 3*3 . Always try to keep the subject of interest at the points of intersection as shown below , placing the subject at the centre always makes the image boring



Avoid that distracting background!

Never try to place your subject in front of a colourful background, crowded places which takes all the attention away from the viewer , change the subject's position or your angle of capture according to lighting conditions, background etc

ERBUG

A lot of stuffs go on in a photographer’s mind before ‘making’ an image. i prefer the word ‘making’ than ‘capturing’ ....why? well , its simple you open camera click the shutter button be done with it is ‘capturing’ , but , when you build an image brick by brick right from lighting , perspective , angle , compositions to placement of subject, exposure , iso, shutter speed , and this is just the tip of iceberg

Having said that DONT be that guy who compliments a pic like “great pic bro!which camera? which editing app, its dslr ....good pics are pretty obvious and guarenteed!our phone cameras are no match” etc etc

That’s where one goes wrong mobiles in today’s world have come far from being just an emergency camera to “hey, why buy a dslr when my pixel / Samsung does equally good job?’

So next time you go on a trek , adventure and want to capture a moment don’t look back don’t hesitate just go ahead and give it a try ,show the world how you saw it, keep those treasured moments with you forever, trust your phone with a moment and it shall give it back to you in best of its abilities

Having said that here are few tips on how to take your phone photography to the next level

Shoot from different perspectives

Gone are the days when you had a restricted number of shots in a role in your hand and you had to plan everything properly.Take more time to compose the image try different perspectives , go down on your knees for that portrait of a kid ,a dog ,have no regrets while leaving the scene that you could have tried something different , never finalize on the first picture you take

Use more of panaroma shots for ‘them landscapes!’

Amazed by those wide , super wide angle shots by dslrs and go-pros? Well your phone can do the trick too just switch over to panaromas to capture the’ more than life ‘ sights into your phones

HDR Auto
PHOTO
SQUARE

Lowlight and fast life

Phones can never come close to performance of dslrs in low light ball game, But the wide aperture values and a great processor unit with bigger sensors have got you covered . Always try to light up your subject from whatever source available, Slow shutter is the preferred mode in manual or pro mode of phones or night mode handles it without any hustle ,keep your hands steady as much as possible , use a tripod whenever available , other wise stabilize your phone with a bag / box or stand something readily available

Clean the the camera

Phones are said to be the dirtiest places of human access even dirtier than toilet seats they say, Every time you try to click something clean the camera before , newer phones have finger print sensors nearby Making camera all the more dirtier

Snapseed the beauty

No art work is complete without a proper finishing , Try and present the best version of picture Personal suggestion would be to try processing in great apps like snapseed

Add ons

A variety of add on lenses are available even for phones, try those wide angle lenses to get that extra edge

Never zoom into the frame

Phone cameras are more of digital zoom which crops the image and enhances it to an extent , choose a telephoto lens if that helps

Experiment with the pro mode

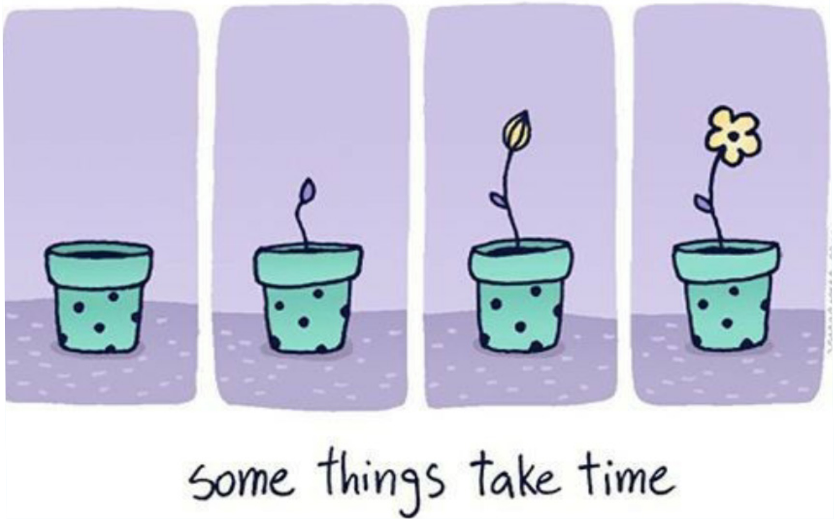
Pro mode in phones are giving dslr a run for it's money , experiment with the shutterspeed , exposure, iso make it a diy routine

And those were few amateur tips from a noob! They worked wonders for me, hope they work for you too,
At the end of the day, Enjoy that moment, freeze it , relish and relive
Signing out
SJ

Dr. Sourabh Joshi
INTERN, Agastyaz.
ARTICLE.

Dr.Sourabh Joshi
Intern, Agastyaz.
PHOTOGRAPHY

Dr.Amogh Patil
Intern, Agastyaz.
PHOTOGRAPHY



Born was I .

Born was I - as a tiny little life,
Unaware- whether I belonged to this place or a swife.
Unconscious was I- about myself and my people,
Whorls of a bud was I - peaceful- secured by a whorl of sepal.
A tiny seed was I - whose roots and shoot yet not acclimatized to the soil,
Nor did I have any picture of how much I would have to toil.
But the soil knew what to do with its seed,
When I was weak and stumbling, the soil took the lead.
Slowly my roots grew deep and my apex towards the soil,
Even without wings I felt confident- I could fly..!!!
My leaves grew greener and my life filled with hue,
It glittered like a leaf with a drop of dew.!
Now I stand still- branches spread around the place
Strong and young , possibly unmoved by petty haze.
But still- soil has its role which cannot be exchanged in terms of dime,
The soil beneath and the sky above me- between them both, SOME THINGS TAKE TIME..!!!

I Stared at those Eyes!

I stared at those eyes and I stared at it more,
They were as disturbing as were before.!!
I stared at its depth- it showed me a new world,
A flash pierced me through and a series of thoughts swirled.
The chords of the septen in my ears-I heard someone whisper,
I stood there still as my heart filled with mesmer.!
I stared at the hue of the iris- over me it was capable to preside,
In my memories it would forever reside.
The rest of it was white as snow,
I stood there still with admirations for that incomparable glow!
I stared at those lashes- darker than the new moon,
Forcing me to give myself up and become a loon.
Those little blinks were stronger enough

Archit.H.R.
Phase II, Atharvas.
POETRY

BREAKING STEREOTYPES

Her mind has fallen prey
to this predatory world of judgement
stereotypes plague its very roots
trapping her young ambitious soul

her thoughts are struggling
to claw their way out of this dark pit
her dreams are fighting
to shine through this suffocating canopy

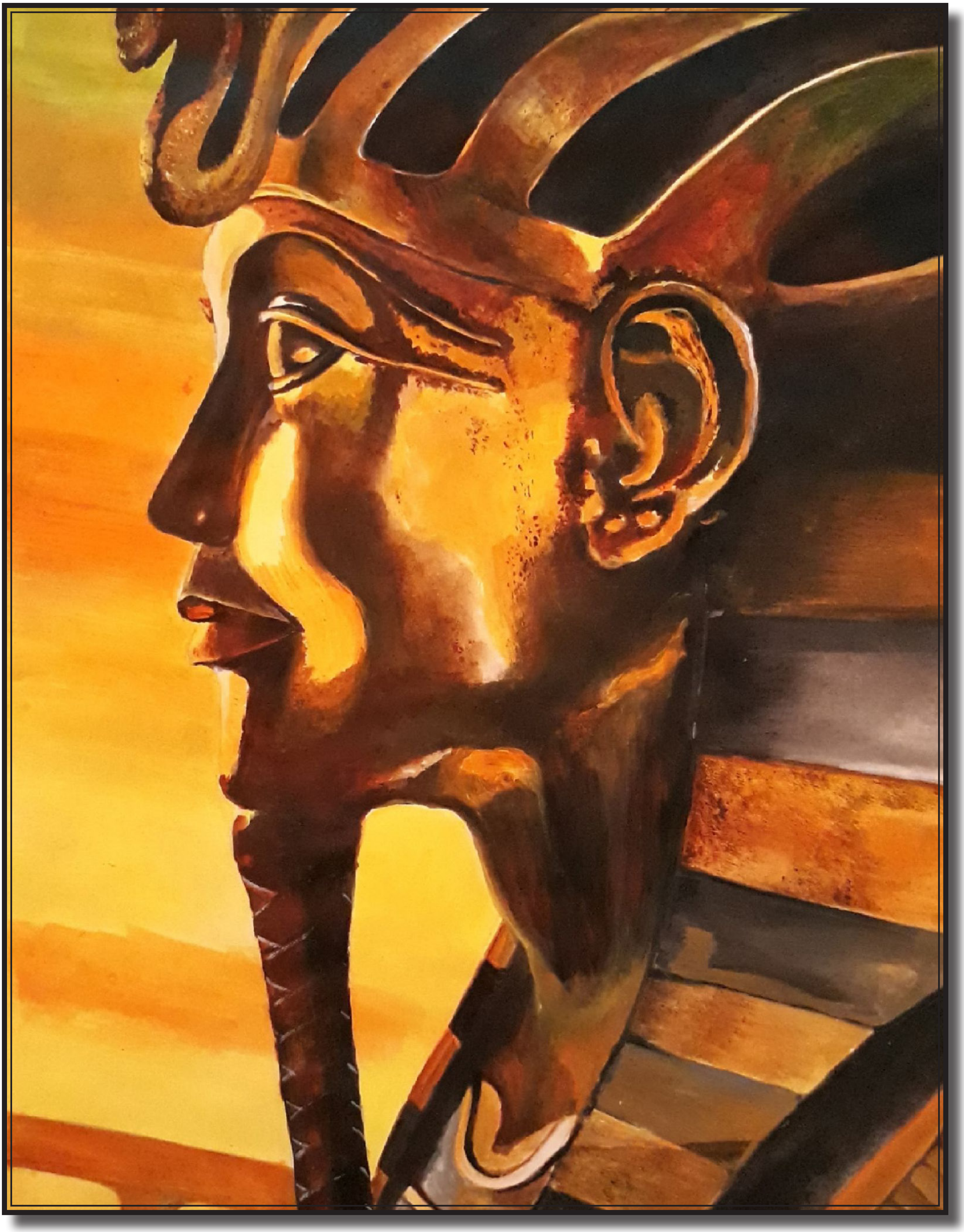
her sharp edges wanting to break through
this cage of glass they keep her in
not just craving for her own freedom
but hoping to shatter their narrow minds

she has a rebellious side
desperately planning to run away
but she also has an ambitious side
eagerly seeking to change this world

how many unique people
can they cramp in their one-way path
it's time for her to diverge
to pave her own way on this earth

let her shackles break free
you'll see wonders like never before
let her paint her own life
you'll see colours like never before.

Jhanavi Padawala
Phase I, Agnitrayas.
POETRY



Kantesh Katti

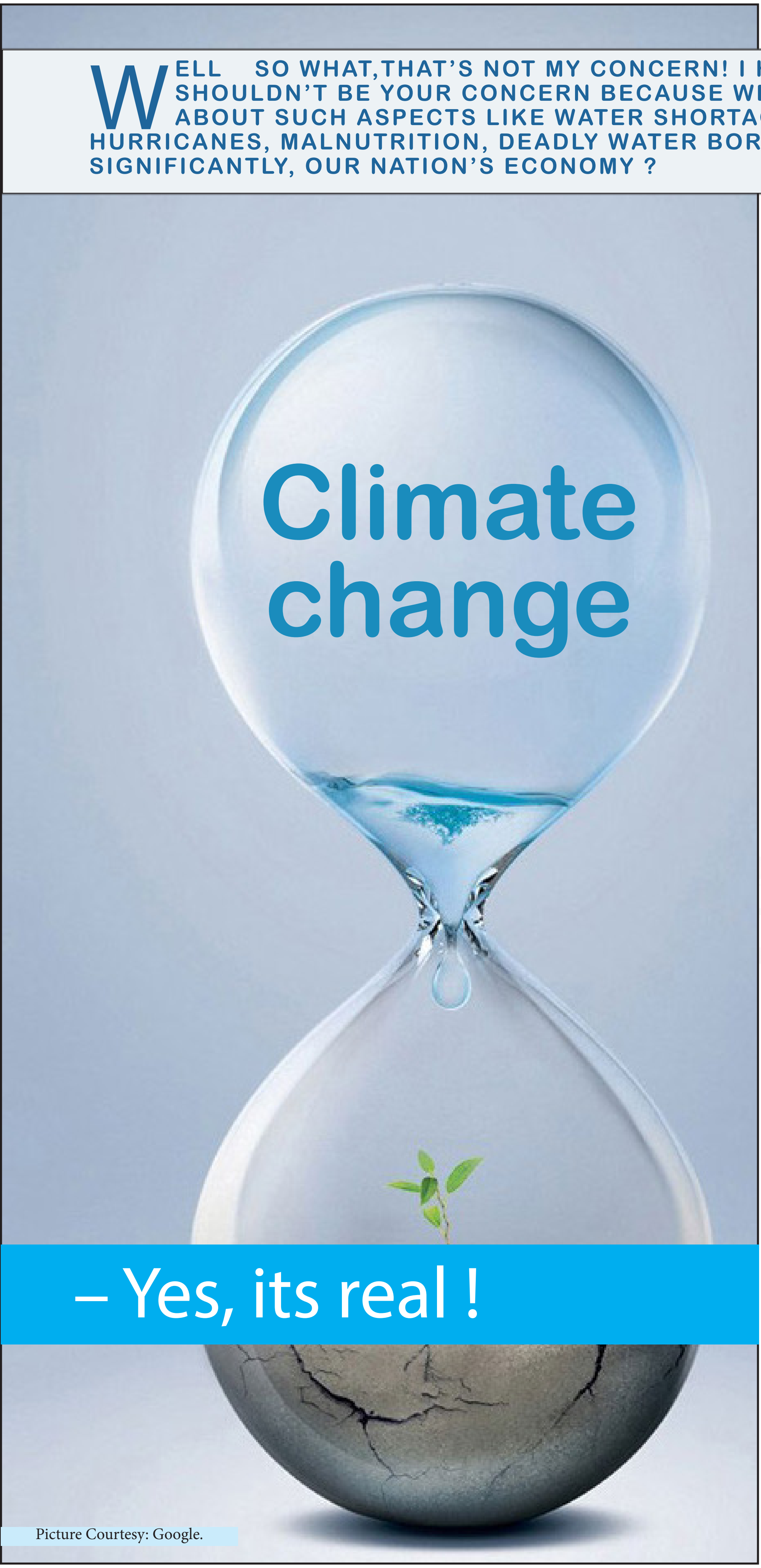
Phase III/II, Advitiyas.

ART WORK (Soft pastels)

WELL SO WHAT,THAT'S NOT MY CONCERN! I HEAR YOU,AND REALLY,THAT SHOULDN'T BE YOUR CONCERN BECAUSE WELL,WHO GETS CONCERNED ABOUT SUCH ASPECTS LIKE WATER SHORTAGE,HUNGER ,FLOODS, HURRICANES, MALNUTRITION, DEADLY WATER BORNE DISEASES AND MOST SIGNIFICANTLY, OUR NATION'S ECONOMY ?

Climate change

– Yes, its real !



Picture Courtesy: Google.

YOU WEREN'T EXPECTING that, wereyou? Lets break things down for you.

But before that,a disclaimer. Do not continue reading this,if you're not ready to be dumped down with a boat load of concerns staring right into your eyes, in your very surrounding and that which is about to haunt you and your generdations to come for the rest of our planet's lifetime.

Two days back,I received a text from my senior.Trust me on the fact that I had the exact same grimace on my face that you had on yours as you read the title.

Too mainstream a topic you might have thought.And so did I! What I didn't expect was the fact that a little bit of research would turn my world and priorities upside down.

It's a game of dominoes people. It is! All we have to do is fuel that vehicle in the break of morning and everything else is just a grand show we're about to witness .We have all heard about the increasing temperatures around the globe,we have heard about the melting glaciers,submerging the coastal areas,we have heard about the hole in our ozonelayer triggering so many malignancies.

Picture Courtesy: Google.

But what next? Next is the story which you haven't heard. Next is that drought in the village where little children died for a drop of water

Next is the flood in the other village, yet another year, where the farmer committed suicide for having no money to provide for his family. Next is the forest that got wiped out in colorados,as the newspaper mentioned, and which for a fact is not going to stop at that. Next is that hurricane of US you read of in 2005,and another in 2k12,ones which remain the most violent in the history of hurricanes. Next are the animals which are on the verge of extinction for the disturbed ecosystem, the waterborne diseases taking a toll of lives due to the humongous flooding in rainy seasons, the trapped fish I could not relish because it was full of cancers, the respiratory problems caused by that very engine you fueled. The hunger. The poverty. The increased wildfires. The disrupted foodchain. Imagine a world where animals can no longer thrive. How you ask ?

Well an increased evaporation is bound to cause increased precipitations, and for the poor fauna we have, that have evolved in a course of four billion years, doesn't seem to be equipped well enough for the drastic change in climate such as this.

Hibernation is getting prolonged, the birds migrate to more comfortable sooner, the seasons are changing their durations ,some becoming shorter, others longer, plants are dying as a result and there is change in food patterns of these animals.

If this seems to you like a balanced ecosystem then let me spit it out on you buddy,

IT'S NOT.

No,I am not here to aquaint you with the multiple studies that have approved of this fact but I wish I could. In a scenario such as this,I think it's not surprising that a surplus of species get extinct every year and a staggering lot enter the list of endangered ones.

Imagine a place where you would have to spend all your salary in providing food for just yourself. Would you want to go to that place? I don't think so! This is to emphasize that with change in seasons ' durations ,not only our animals but even our crops would barely get a fighting chance. And that my friends, would lead us to a very interesting economy I suppose .That would be a scenario where the prices for even

the staple crops would sky rocket and there is no particular need that I should make you realize about the hunger and malnutrition that would follow.

Leave alone the cancer causing mutations in our ozone tampered environment, let us first realize the diseases as small as respiratory

disorders and water borne infections which would obviously follow, in huge numbers, a polluted environment and floods, respectively as a result of the climate change which, my friend, is already in progress. And the last timel checked, trust me,people didn't want to "die"of these diseases. Perhaps, I cannot talk about every aspect of this very disease which man has triggered the gene of ,known as climate change. But the bottom line is that we cannot in reality imagine an earth where going out into the sun immediately exposes us to innumerable pathologies including the

most horrendous, the cancers; fear of which makes us dread the view of that beautiful sunrise and sunset for days together, where the warmth of sun becomes just another fairytale beautiful but impossible; where we have so much shortage of food to eat that either we get it with great difficulty or nothing at all;

Picture Courtesy: Google.

Where wars break out for a handful of food,
some clean air and clean water, deficiency of which ends the life of so many, not sparing our very own friends and family; where drought and
floods take turns in killing the mankind; where people of the world are becoming victims to one of the deadly hurricanes and we too expect to
meet the same fate one day; where even existing feels like a sin because we probably cannot see our loved ones including our children die of
problems' we' created at the first place. No,we don't want that life! We want us and every one around us to live, and live to our fullest . So why
not do something? Why not let our generations live just how we so desperately yearn to ,ourselves?

One thing that I know for sure is, we have started it,and we sure as hell, can eliminate it as well.Maybe not everything,but at least the things that are in our power? You should shoot at me a 'how'at this point of time. Well, how about learning more, talking more about it and creating more awareness for starters? Planting trees, rejecting those plastic bags, use of recycled products ,going for cleaner sources of energy, prefering walking for short distances, us a geof energy efficient appliances etc etc etc-are the stories we are all aware of and need no mention, except for the fact,lets' actually' start doing it? The Government has a lot to do in this aspect is a fact we cannot deny, but working at grassroots level is only so much us, the common people can probably do. So why not take a pledge today? Why not resolve ourselves that hence forth, we will make efforts,even if they're the smallest ones ,to eliminate this problem at our very own level.

Nothing is more powerful than a nation full of 1.3 billion people resolving to stand as one and working towards one single goal of making this place slightly (if not hugely) a better place to live in .So let us save this planet,save it from being burnt alive,save it from putting an end to the plethora of life that it holds. As much as I hate to end this article with a cliché statement, I perhaps cannot deny the very precision of this expression used widely enough:

Save the Earth, Save Yourself!

Nishtha Shahi on this end,signing off .

Nishtha Shahi
Phase III/I, Avyukthas.
ARTICLE

Picture Courtesy: Google.

Santosh Kannan

Phase III/II, Advitiyas.

PHOTOGRAPHY.

PEARLS ON PAPER

Picture Courtesy: Google.

An excerpt from the life changing book "The power of now" by Eckhart Tolle.

You are not your mind! Identification with your mind, causes thought to become compulsive. Thinking has become a disease. We won't realize this because almost everyone is suffering from it. We are all in a state of unconsciousness. The mind is using you. You are unconsciously identified with it. So we don't even know that we are its slave.

Bhagavad-Gita rightly says - "For him who has conquered the mind, the mind is the best of friends, but for the one who has failed to do so his mind will remain the greatest enemy."

As long as the egoist mind is ruining your life, you cannot be at peace or fulfilled except for brief intervals when you obtain what you wanted, when your craving has just been fulfilled. It needs to be both defended and fed constantly. The ego's needs are endless. It feels vulnerable and threatened and so lives in a state of fear and want.

Did you ever wonder how does this mind pattern operate in your life? Are you always trying to get somewhere other than where you are? Is most of your doing just means to an end? Is fulfillment always around the corner or confined to short lived pleasures, such as sex, food, drink, drugs or thrills and excitement? Are you always focused on becoming, achieving and attaining or alternatively chasing some new thrill or pleasure?

Do you believe that if you acquire more things you will become more fulfilled or psychologically complete? Are you waiting for a man or woman to give meaning to your life?

Are you stressed? Are you busy getting to the future that the present is reduced to a means of getting there? Stress is caused by being ‘here’ and wanting to be ‘there’, or being in the present but wanting to be in the future. It’s a split that tears you apart inside. To create and live with such a split is insane. The fact that everyone else is doing it doesn’t make it less insane.

This is the mind identified or unenlightened state of consciousness. The mind creates an obsession with the future as an escape from the unsatisfactory present.

The good news is, “it is possible to misidentify from mind”. End the delusion of time, because time and mind are inseparable. To be identified with your mind is to be trapped in time, which creates the compulsion to live almost exclusively through memory and anticipation. The compulsion arises because the past gives you an identity and the future holds the promise of salvation, of fulfillment in whatever form, both are illusions.

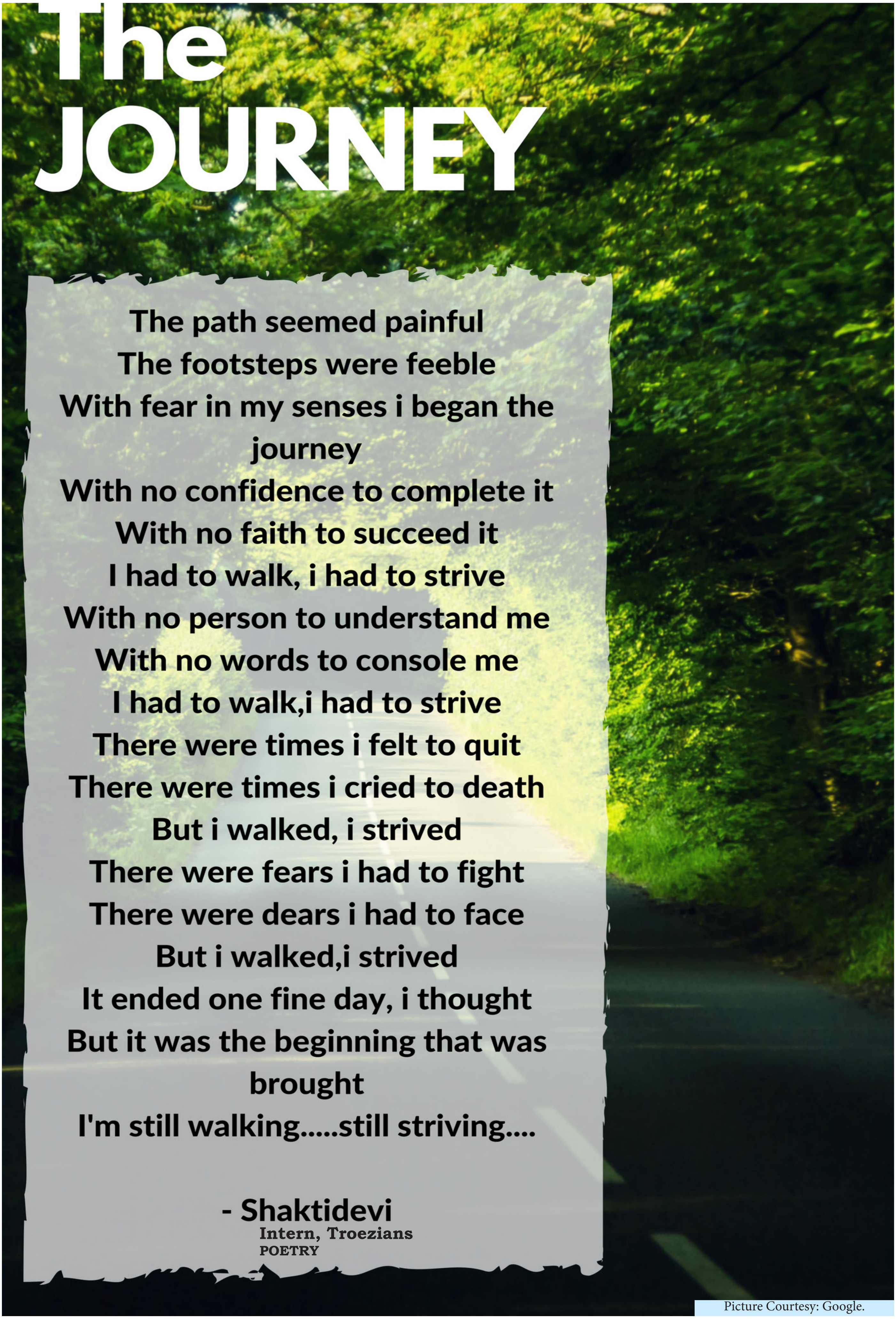
The more you are focused on past and future - the more you miss the now; the most precious thing that there is. “It is not uncommon for people to spend their whole life waiting to start living”. Realize deeply that the present moment is all you have. Make the ‘now’ the primary focus of your life. Surrender to now.

In the state of surrender, you see very clearly what needs to be done, and you take action, doing one thing at a time and focusing on one thing at a time.

Learn from nature: See how everything gets accomplished and how the miracle of life unfolds without dissatisfaction or unhappiness.

Enjoy the flow of energy, the high energy of that moment. Now you are no longer stressed, no longer splitting yourself in two. Just moving, running and working and enjoying it. Or you can drop the whole thing and sit on a park bench. But when you do, watch your mind. It may say - “you should be working, you are wasting time”. Just observe the mind & smile at it...

Vikrant Goenka
Phase III/II, Advitiyas.
ARTICLE.

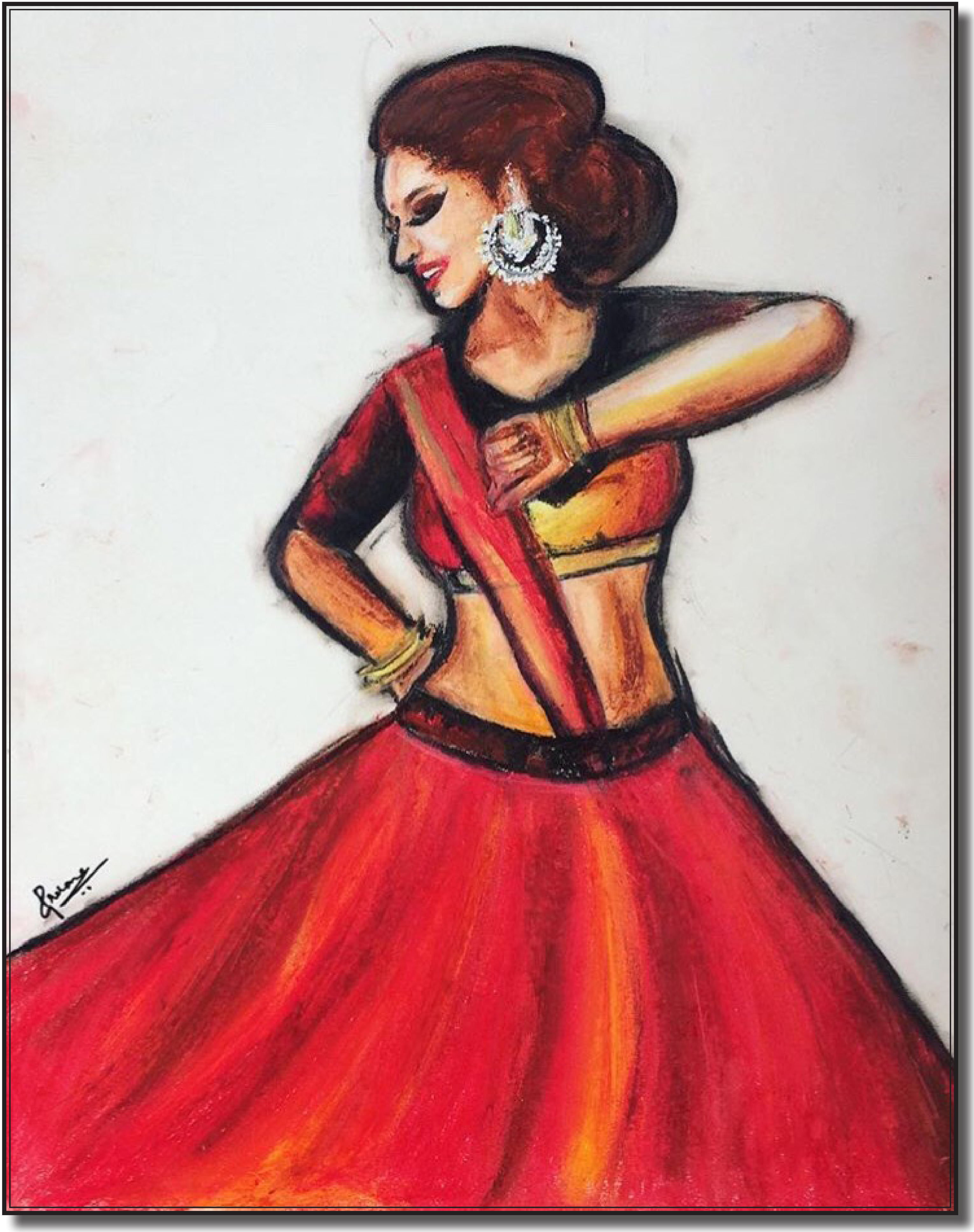


The JOURNEY

The path seemed painful
The footsteps were feeble
With fear in my senses i began the journey
With no confidence to complete it
With no faith to succeed it
I had to walk, i had to strive
With no person to understand me
With no words to console me
I had to walk,i had to strive
There were times i felt to quit
There were times i cried to death
But i walked, i strived
There were fears i had to fight
There were dears i had to face
But i walked,i strived
It ended one fine day, i thought
But it was the beginning that was brought
I'm still walking.....still striving....

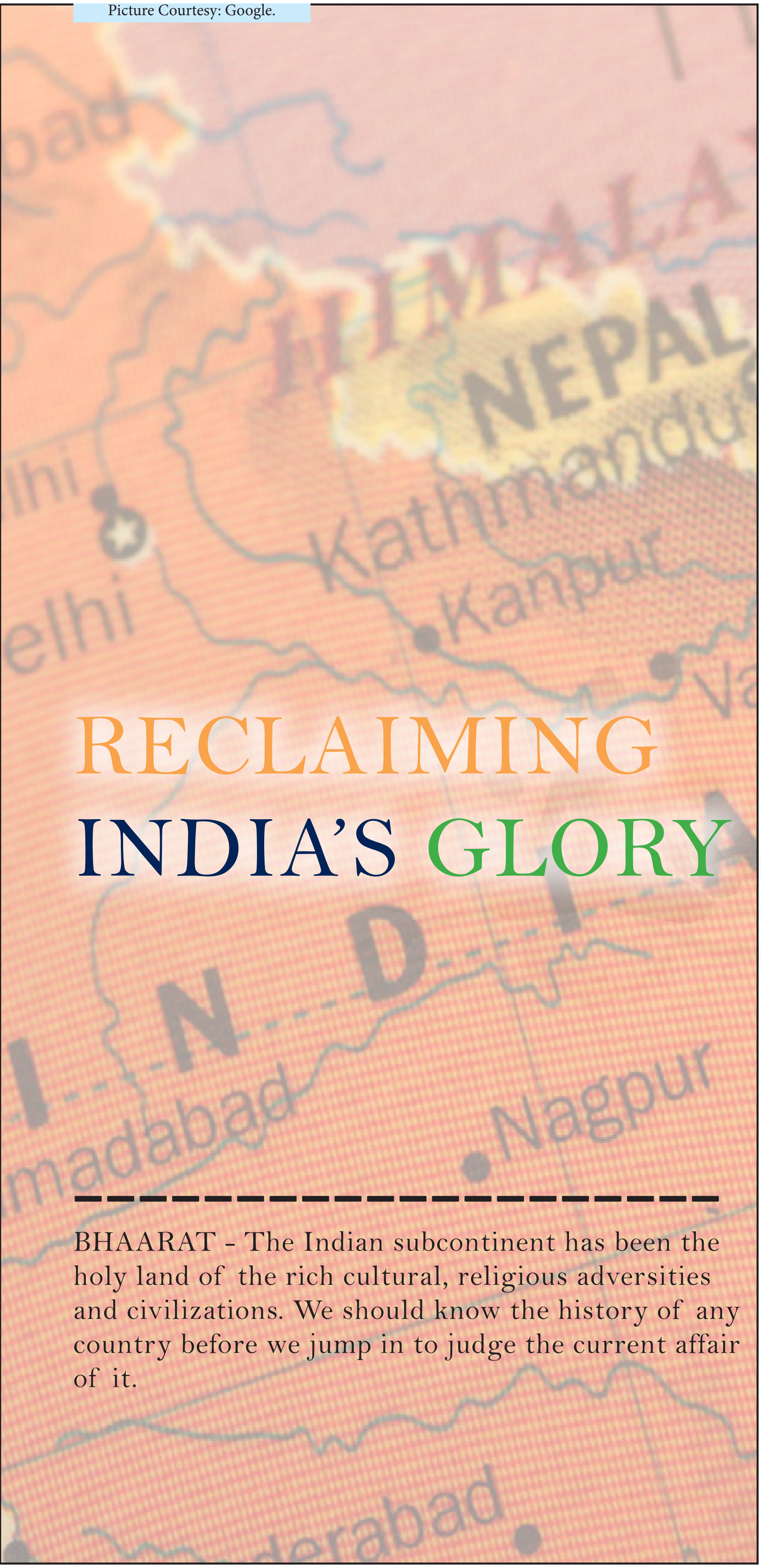
- Shaktidevi
Intern, Troezians
POETRY

Picture Courtesy: Google.



Prerana Guruprasad

Phase III/II. Advitiyas
ART WORK (Soft pastels)



Picture Courtesy: Google.

RECLAIMING INDIA'S GLORY

BHAARAT - The Indian subcontinent has been the holy land of the rich cultural, religious adversities and civilizations. We should know the history of any country before we jump in to judge the current affair of it.

The Indian sub-continent has a very rich glorious history right from trade, science, religion, culture and civilization. It was the only land where diamonds were manufactured. It's contributions of science, mathematics, astronomy, yoga and Sanskrit literature to the world are immense which are acclaimed even now. The modern technology being used now dates back to the time of Indian mythology with aero plane akin to Rushpak Vimana. This is very evident with footprints of Lord Hanuman seen all over Asia especially near Sita Eliya temple in Sri lanka. India has been the cradle of religions. Jews were protected here when faced atrocities all over the world.

But in the middle ages, there was annihilation of our academic traditions, invasion and colonization of our land by foreign intolerant rulers. The British ruled our country for 400 years and left us in a very pathetic condition post independence.

Indeed the struggle of our freedom fighters like S.C. Bose and Bhagat Singh must be remembered.

The post independence development strides were not so striking except five year plans, Green and White revolutions, setting up national institutes of national importance, Pokhran nuclear test, liberalization in 1991 etc. to name a few. But the sacrifice of our soldiers needs to be rewarded during Sino-Indian and Indo-Pak was when India was still economically backward.

Altogether there was no significant development for 60 years because of our system was plagued with corrupt bureaucracy. The dynasty politics, VIP culture, permit Raj right from panchayat level to national level were followed and controlled by select families. Corruption, tax evasion, casteism were considered everyday norm. Terror attacks, crimes, scandals and scams were at its peak especially during last 10 years of UPA-1 and 2 rule. The divisive and vote bank politics, minority appeasement have hindered much of our development. It seemed like whenever we took three steps forward, simultaneously we got back two steps.

Picture Courtesy: Google.

The Indians have been brainwashed since medieval times by foreigners, international

Picture Courtesy: Google.

mainstream media and even national media to loot us and forced us to accept poverty. It is a clarion call for every Indian to get alert, think sensibly and take mature decisions.

The result was what happened in 2014 Lok Sabha elections for people were frustrated with false promises, scams and casteism. The last four years has seen tremendous development and has entirely changed India's image in global arena. It is all mainly because of current PM's diplomacy, and aggressive foreign policy to enemy nations. The vibe has changed from the time when each one cursed himself from being born here to present where each takes pride in his country's heritage and capabilities.

Though a branch of RSS has come to majority in 2014, it has been working silently for the nation building since 1980s. Many structural reforms were taken like DeMo and GST which have temporary setbacks but reaps long term benefits. There reforms have been hailed by many world leaders and CEOs including Bill Gates and Infosys Chief N. R. Narayana Murthy. Job seekers who used to go abroad are turning into entrepreneurs due to "Stand up India, Startup India".

STARTUP
INDIA
STAND UP INDIA

Picture Courtesy: Google.

His schemes are well implemented and executed even at the ground level. The Union cabinet is working at its best in its every ministry. The important schemes include "Pradhan Mantri Jan Dhan Yojana", "Mudra Bank Yojana", "Pradhan Mantri Jeevan Jyoti Bima Yojana", "Atal Pension Scheme","Sansad Adarsh Grama Yojana", "Deen Dayal Upadhayaya Gram Jyoti Yojana", "Udaan Project", "Digital India", "Skill India", "Make In India", Swacchh BHARAT" etc. to name a few.

India has been strong in its foreign policies. Our current PM is ranked the top 3 world influential leaders. Resolution of Tertiary Territory problem with Bangladesh Bypassing Pakistan to reach Afghanistan. Surgical strikes after a sign of hands off policy. Handling Doklam standoff. Act East policy to strengthen North Eastern states and 10 ASIAN nation heads attended Republic Day this year recently are some accomplishments.

Picture Courtesy: Google.

The rank of ease of doing Business has improved by 30 positions to 100th position. Japan invested in Bullet Train Technology. FDI norms were liberalized and fiscal deficits have decreased. Sensex has hit the all time high of 36000 points. Stone pelting has decreased by 90% in J&K. No major scams and terror attacks. Hence the best goes endless regarding our current GOI's accomplishment.

Our current PM's personality is charismatic. He has been connecting to every Indian with his "Mann Ki Baat". The recent talks over "Pariksha Ki Charcha" boosted the morale of many students. Diwali celebrations with soldiers show his immense love for them.

The recent violent attacks of Bhima-Koregaon, Padmaavat and during Gujarat elections have been said to be incited by INC and left parties. This shows their negative approach towards society. Hence there is no best alternative other than current party at centre. There is a huge difference between 48 year rules of family oriented government to 48 months development oriented one. That is "SABKA SAATH, SAB KA VIKAS"

Development is a time bound process, it never occurs in a snap like waving the magic wand. It's not akin to the way Mr. Rajnikanth walks on upward road while suddenly road becomes concreted and buildings rise from nowhere in movies. Development occurs in reality. Right leaders must be given appropriate time to show their mettle.

As rightly said by our PM "If 100 crore Indians take one step each, the nation moves forward 100 steps". He being statesman thinks of next generation on the interests of country unlike politicians working about next elections.

So having said that the story of India in brief, can India regain its lost Glory of Golden Era? The answer is resounding "Yes". India cannot be driven ahead by small group of ivory seated intellectuals at top. The feeling of nationhood, patriotism and emotion of collective responsibility must sink in every Indian's psyche and vibe.

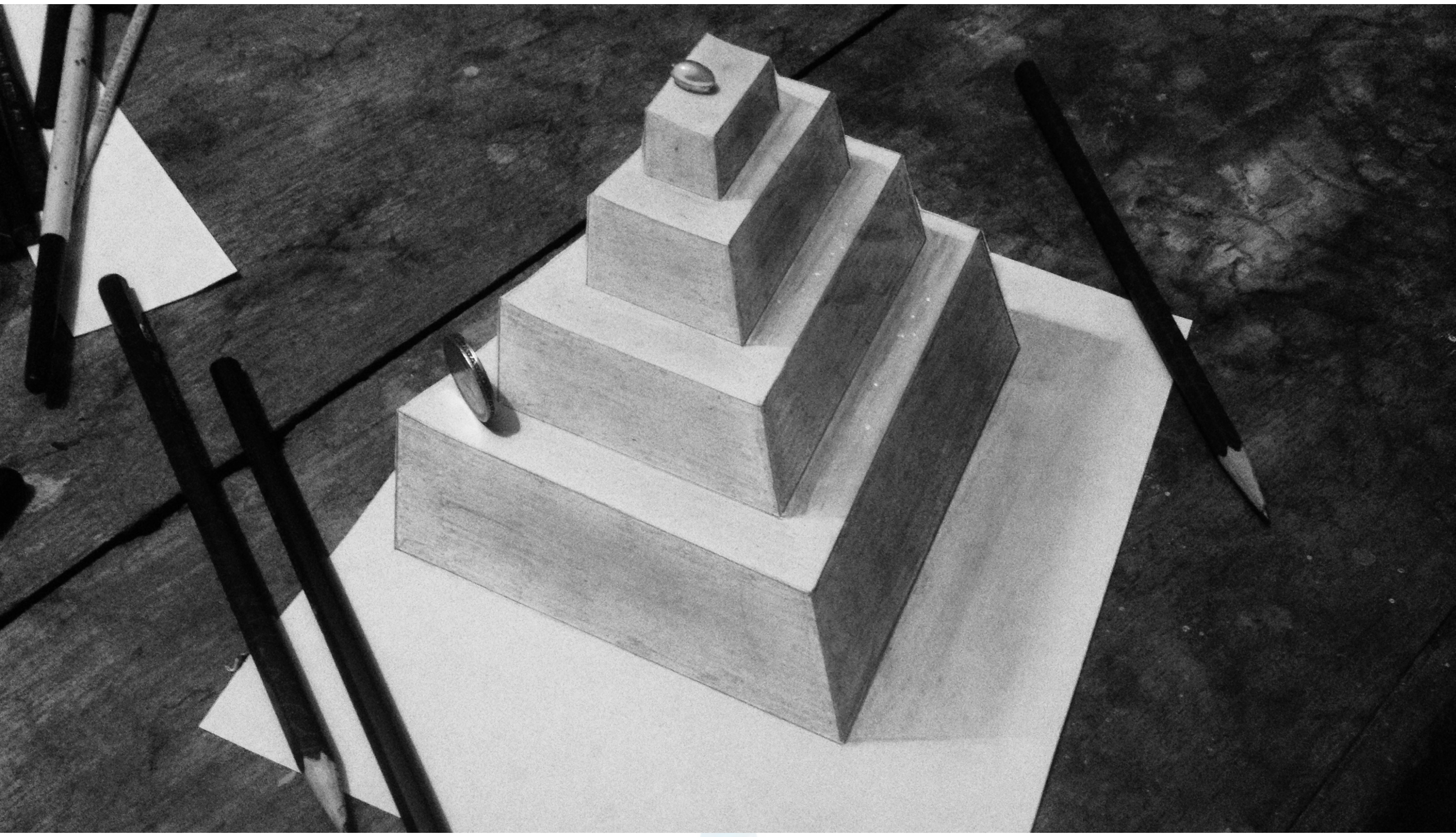
Now, the ball is in people's court and at this juncture each one has to take mature decisions in every activity and electing right leaders. Hope there arises a feeling of oneness and everyone work together in harmony towards development.

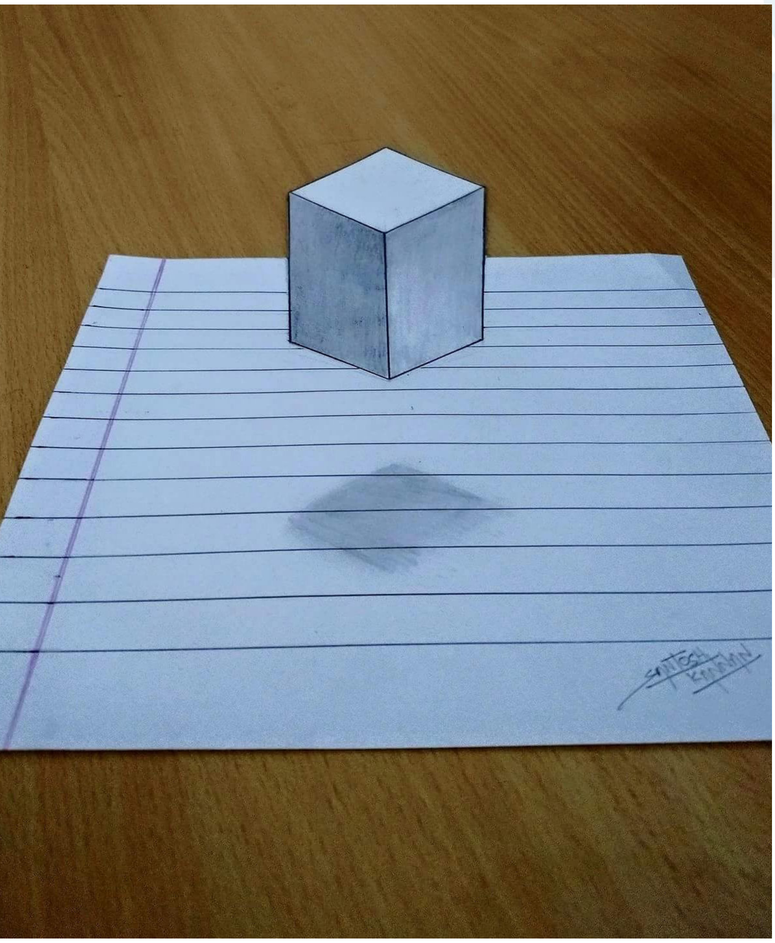
Great glory to India ahead...

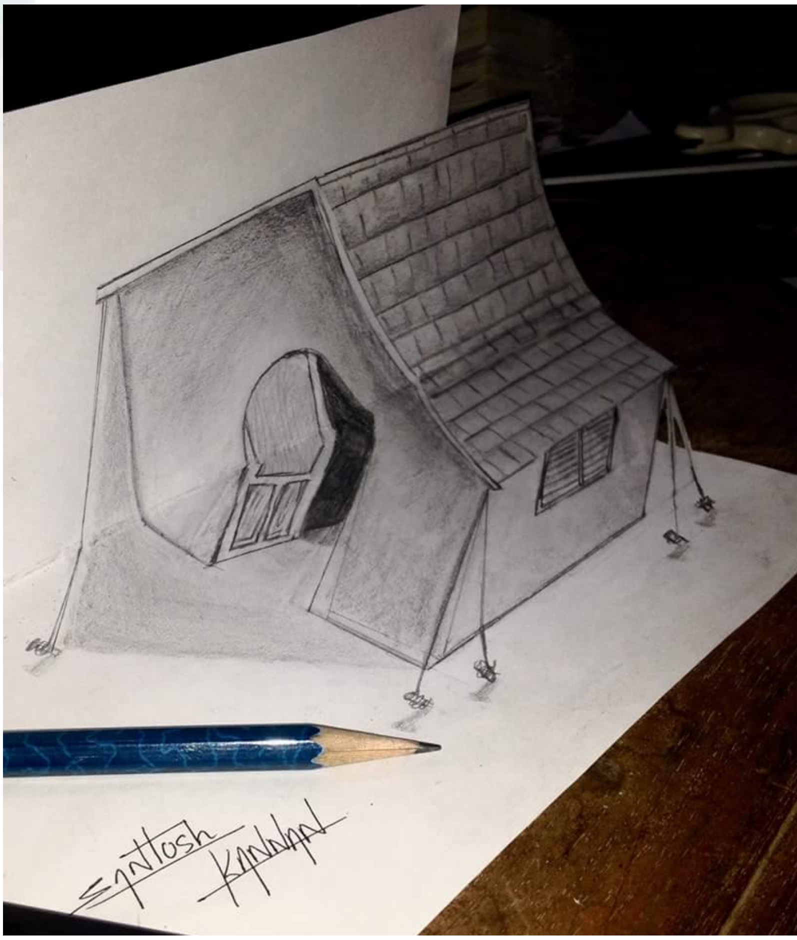
VANDE MATARAM....JAI HIND!

Amogh. M. H
Phase III/II, Advitiyas
ARTICLE

Picture Courtesy: Google.





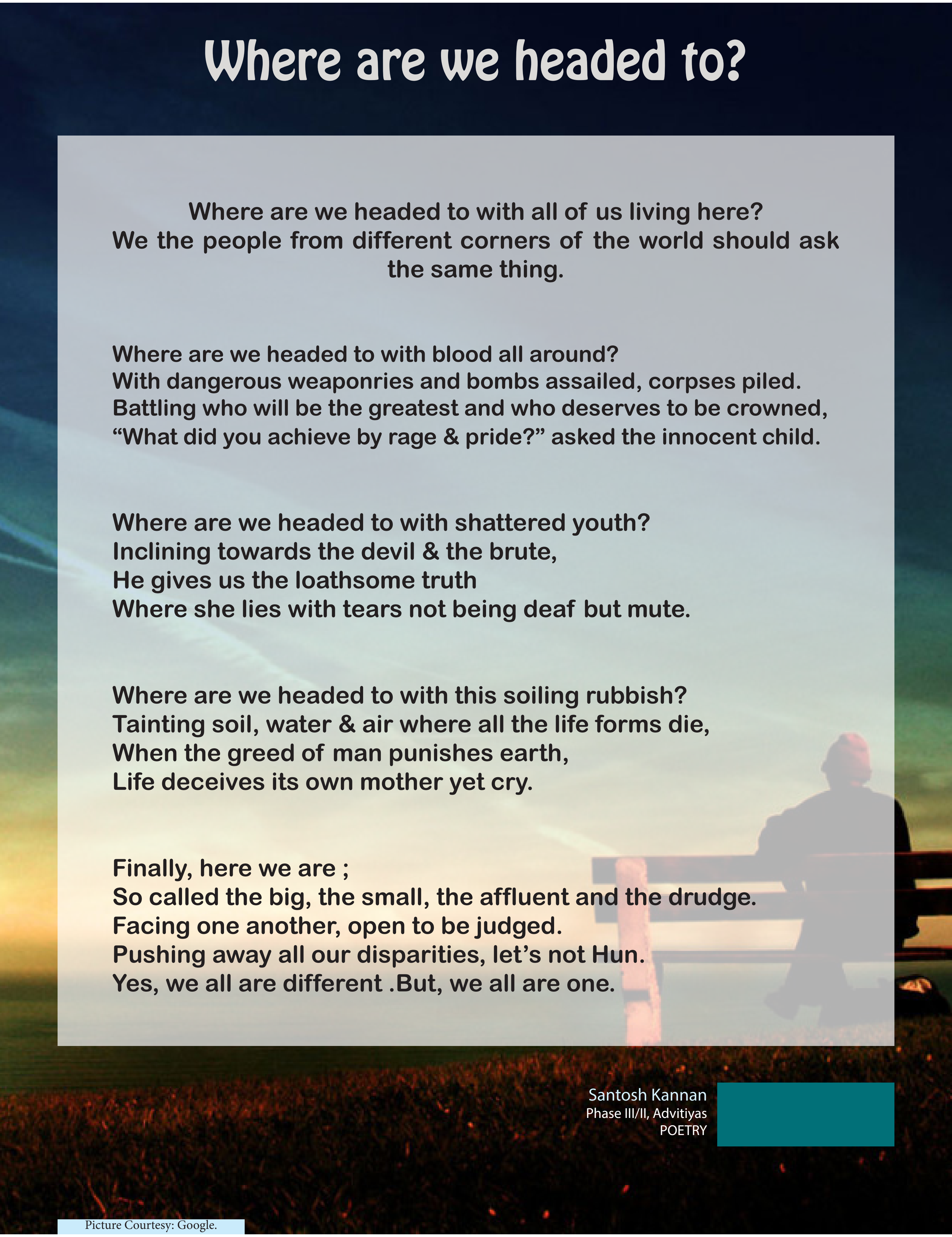


Santosh kannan

Phase III/II, Advitiyas

ART WORK, (pencil sketch 3D)

Where are we headed to?



Where are we headed to with all of us living here?
We the people from different corners of the world should ask
the same thing.

Where are we headed to with blood all around?
With dangerous weaponries and bombs assailed, corpses piled.
Battling who will be the greatest and who deserves to be crowned,
“What did you achieve by rage & pride?” asked the innocent child.

Where are we headed to with shattered youth?
Inclining towards the devil & the brute,
He gives us the loathsome truth
Where she lies with tears not being deaf but mute.

Where are we headed to with this soiling rubbish?
Tainting soil, water & air where all the life forms die,
When the greed of man punishes earth,
Life deceives its own mother yet cry.

Finally, here we are ;
So called the big, the small, the affluent and the drudge.
Facing one another, open to be judged.
Pushing away all our disparities, let’s not Hun.
Yes, we all are different .But, we all are one.

Santosh Kannan
Phase III/II, Advitiyas
POETRY

Picture Courtesy: Google.

I DON'T LIKE MY NAME ANYMORE

- BY DSA

It was the time of July'17 and a new batch of aspiring students were entering the coaching capital of India, Kota. Among those dreamers I was also there. A girl from a small village near Jhansi with a dream of seeing doctor in front of her name and that name was Sona.

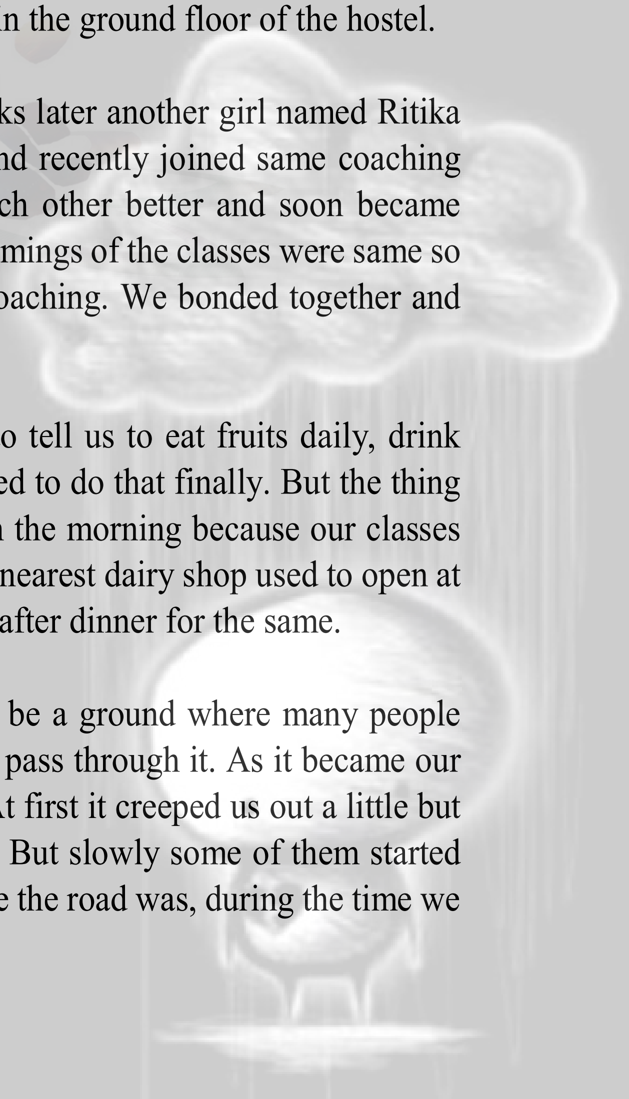
I had to fight a lot to convince my parents to let me do coaching for a year in Kota and finally they caved in and so here I was in Kota junction, Kota, Rajasthan to make my dream a reality. That time if I knew what was going to happen in coming months I would have probably taken the next train back home, did B.Sc. and later get married, as my parents wanted. But I was standing there smiling unaware what I have to deal with soon.

My parents found me a hostel in Dadabari colony of Kota. It was seemingly nice locale and the building was well maintained. A mess was present in the same building. The rooms were spacious and provides accommodation for two people. An elderly couple owned that hostel and lives in the ground floor of the hostel.

Initially, I was alone in the room but two weeks later another girl named Ritika came as my roommate. She was of my age and recently joined same coaching although different batch. We got to know each other better and soon became friends. As our batches were different but the timings of the classes were same so I got a companion to travel to and from the coaching. We bonded together and became best friends.

Like all other parents, our parents also used to tell us to eat fruits daily, drink milk, eat well and so on. So one day we decided to do that finally. But the thing was it was impossible to get milk and fruits in the morning because our classes used to commence at eight in the morning and nearest dairy shop used to open at nine. So we decided we will go in the evening after dinner for the same.

On the way to those shops there happened to be a ground where many people used to play different sports. We used to daily pass through it. As it became our daily routine some boys started staring at us. At first it creeped us out a little but as no advancement was made we did nothing. But slowly some of them started making a group near the edge of the park where the road was, during the time we



Picture Courtesy: Google.

used to pass by. So we decided to ignore them and pass through that way as fast as possible.

And finally one day something happened. Ritika and I were passing through the place after buying fruits and milk when she stopped to tie her shoe lace. I kept walking and was a little ahead of her. After finishing she called “Hey, Sona wait for me”. It was loud enough for those guys to hear my name and they started passing comments using my name. One of them said the creepiest thing “अरे अरे सोना कभी मेरे साथ भी सोना”. I was dumbstruck listening to that. Ritika told me to keep walking and ignore them. But those boys kept laughing and making remarks as creepy as they can.

We tried to forget this event and stopped going to buy milk or fruits. We were trying to forget but every time someone said my name that whole incident used to come in front of my eyes. After some days we started forgetting about the incident. Everything started to seem normal. After a few weeks we dared enough to go out again to buy milk and fruits. There was no staring from anyone as such. We started feeling relaxed again. But worst was yet to happen.

One day, when we were coming back from our daily routine, we heard someone is calling out my name from behind us. We stopped to look back and but before we could a motorbike came running towards us from behind and the guy riding it tapped my shoulder. Before I can react he said “You never replied about the sleeping thing, Sona”. I froze and had no idea what to do anymore. On the other hand my friend Ritika tried to push him and slap him. But he dodged, pushed her back and drove away. Before leaving he made one last remark “Think about sleeping with me, Sona darling”. It happened when we were just few metres from our hostel.

After the incident we ran to our hostel as fast as we can. Tears were rolling down my eyes. Everything that happened with me till now flashed in front of my eyes. I thought it had ended before but it never left me. How foolish it was of me to think nothing will happen? How foolish I was to forget what happened before?

Ritika called the owners of our hostel. We told them what happened and asked them what we should do. There reply wasn’t something we expected. They scolded us for not telling about the incident that happened before. They then gave us a number of a dairy who will home deliver the milk packets. They told us to stay inside hostel after 6 and uncle told he will bring fruits for us or if anything else we want. They told us to forget this incident and not to mention it to anyone. They scolded us to wear proper clothes from now on although we were in proper clothes and were even wearing a dupatta. They particularly told us not to mention it to parents as they will be worried for nothing as according to them nothing happened.

Still it was a big deal for me to take in so I mentioned it to my parents. My parents scolded me for going out that late. They told me I should have told them before about it. They told me that they want me to stop going to coaching and come back home. I tried to convince them, I cried that it wasn't my fault. Finally, they gave me one last warning. They told me if it happens again no coaching, no classes anymore just stay at home. They told me start wearing proper clothes. They even blamed Ritika saying that she was the one who is taking me to the wrong way. They told me not to trust her and she wasn't a good influence on me.

I told my parents I want that guy to be punished. I told them I can identify him and we can place an FIR and he will be behind bars for what he did. This was when my parents said "Do you want us to die of shame? Just forget this happened. Everyone is just going to blame us for what happened. It will just come on your dignity. So either forget it or come back home?" There was anger in their voice. I felt helpless and didn't know what to say anymore!

Even now I go to the coaching daily cautiously and scared, not knowing what is going to happen next. I stopped talking to anyone anymore. My parents made me change rooms. Ritika started ignoring me. All I am left with is to study and think about what happened in the past few weeks. I kept trying to forget it all but every single time someone called out my name everything starts rolling in front of my eyes. Now I always freeze at the sound of my name. My name now terrifies me. I hate this name. Couldn't my parents gave a little thought before naming me?

But what is the use if I have been named any different? I am not the only victim of eve teasing. My name is not the only name that has been used to pass comments as creepy as possible and anyways I am just an imaginary girl so it doesn't matter what my name is.

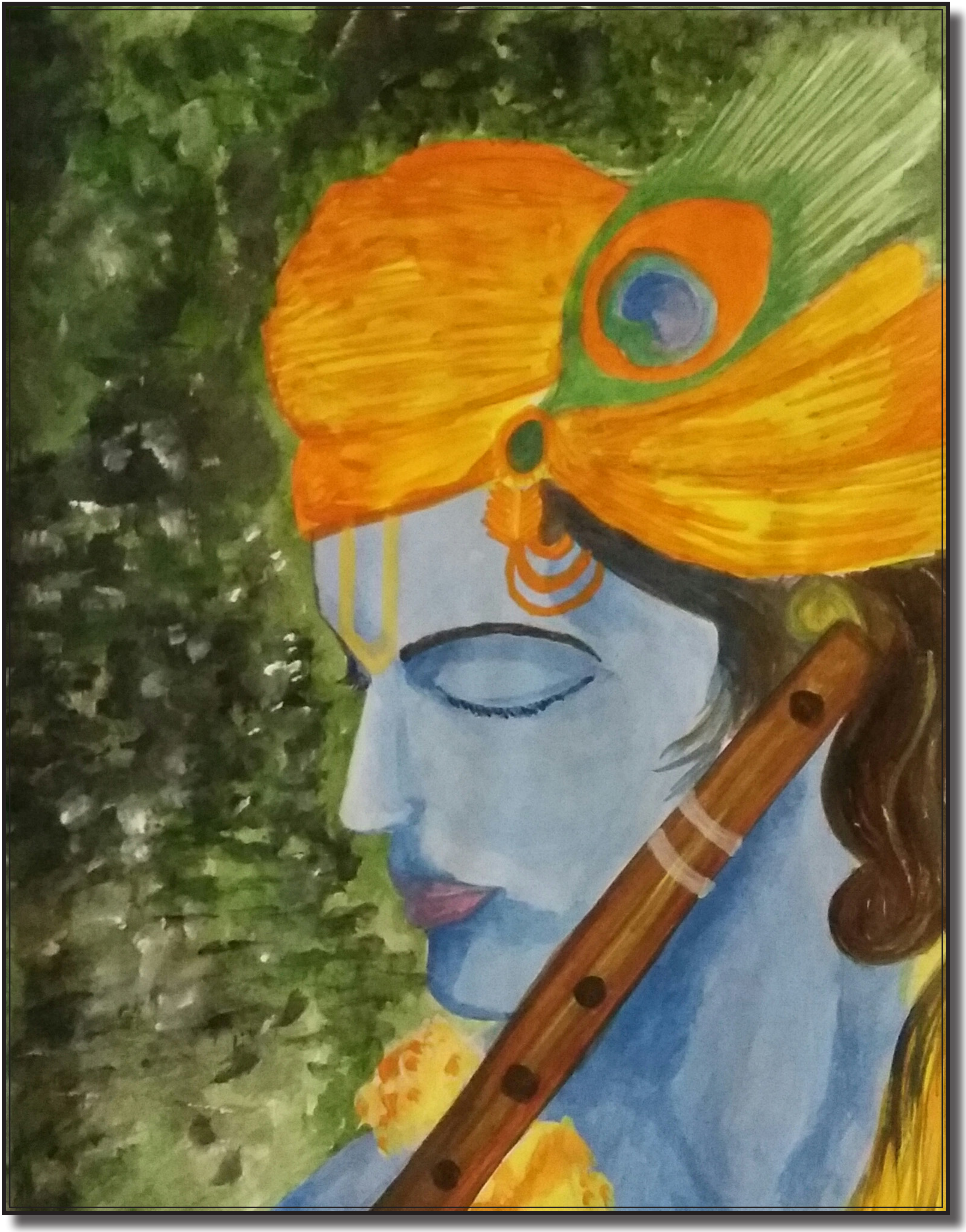
But what happened to me is real and it is what really matters. Everyday another Sona is eve teased, everyday another Sona's name is used to pass creepy comments, everyday a creep dares enough to cross the line, everyday a Sona complains about this to the people she trust, every day she was told to forget about what happened, every day one of them is raped, every day one of them starts hating her name, every day one of them starts hating themselves, every day one of them decides to end her life and every single day nothing is done against it.

According to the reports, every single day approximately 70 rapes occur in India and most of them are not even reported. Why it happens! May be because when the boys were young they were given freedom and a sense of superiority sets in their mind, may be because if something happens to a girl her own parents tell her to forget it, may be because mostly the action taken against the people who did anything is a scolding, may be because according to many parents the solution is to get them married to that pervert, may be because if an FIR is placed all the police does is to ask a series of ridiculous questions to a scared girl in a tone as if it was her fault and may be because for many people the act doesn't cause any effect on victim if it is not in knowledge of any one.

This Sona was imaginary but she is a mirror of Indian reality. So don't let another Sona born, suffer through all of this and hate her name. As the part of this society you can make a change!

YES YOU CAN!

SUMIT AGARWAL
Phase III/I, Avyukthas
STORY



Priyanka Sohani

Phase III/II, Advitiyas

ART WORK (water colour)

Sisters

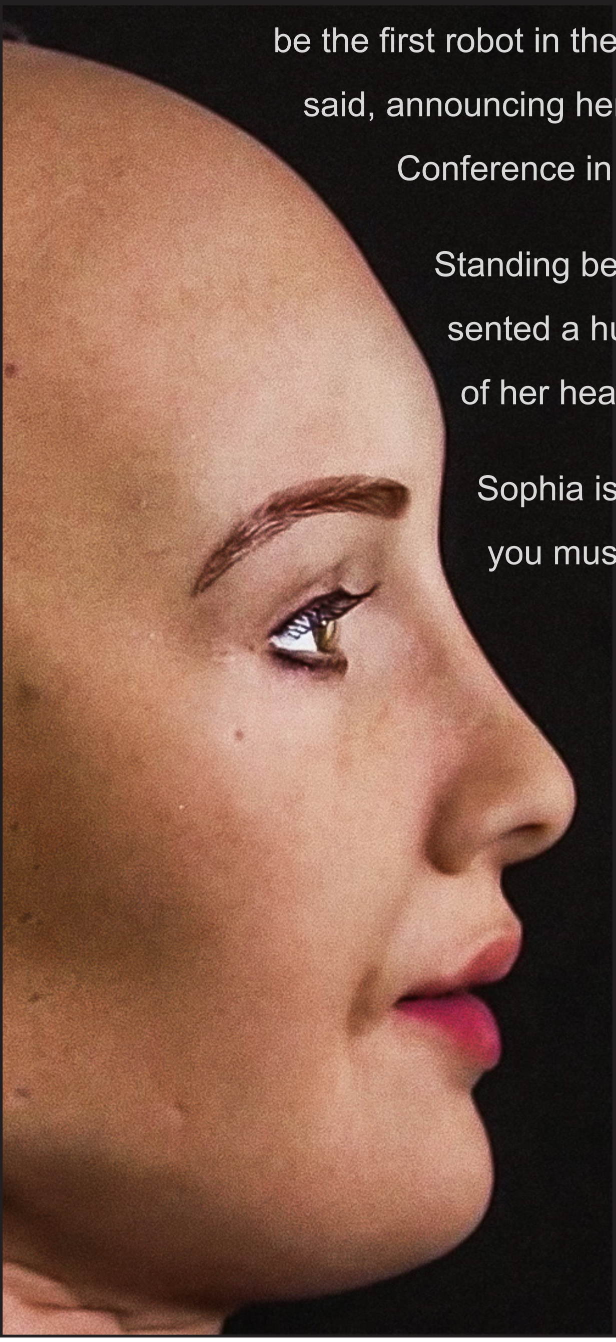
She takes care of you like a mother,
And fights with you just like a brother.
She may be cute to you as a friend,
But can bring your enemies to an end.
She may be a cotton fur ball to you,
But can be the fruit of Datura inoxia too.
She may be simple, she may be genuine,
But she can be the things you can ne'er imagine.
She may get angry with you at times,
Of course it's her right, now go and atone for your crimes.
She may be mischievous, she may be a kid,
But she'll hold your hand whenever you skid.
If you don't have her, you are nothing , mister,
The pacemaker to your heart, she is your sister

Pragyanshu Sharma
Phase I, Agnitrayas
POETRY

SOPHIA

Santosh Kannan
Phase III/II ,Advitiyas
ARTICLE

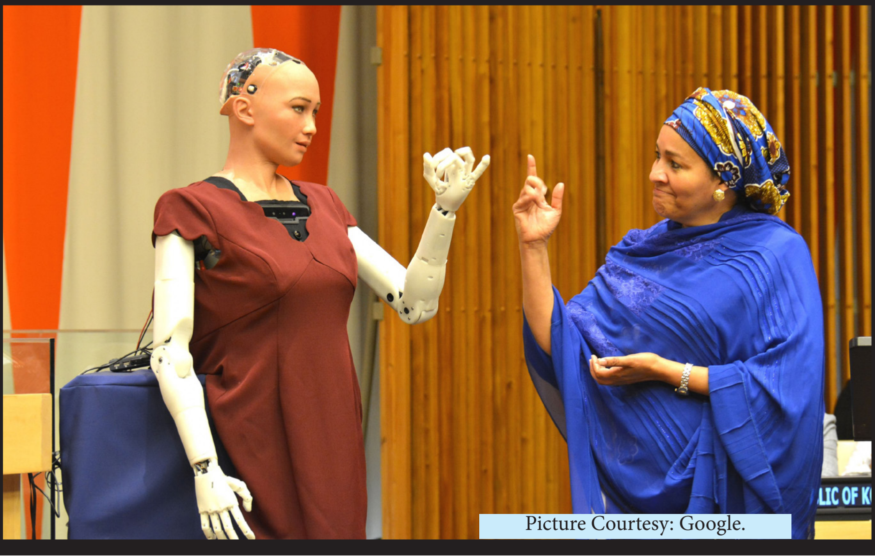
On October 25, Sophia, a delicate looking woman with doe-brown eyes and long fluttery eyelashes made international headlines. She'd just become a full citizen of Saudi Arabia — the first robot in the world to achieve such a status.



“I am very honored and proud of this unique distinction. This is historical to be the first robot in the world to be recognized with a citizenship,” Sophia said, announcing her new status during the Future Investment Initiative Conference in Riyadh, Saudi Arabia.

Standing behind a podium as she spoke, to all effects, she presented a humanoid form — excepting the shimmery metal cap of her head, where hair would be on a human head.

Sophia is a creation of Hanson Robotics, Here's few things you must know about her:


Picture Courtesy: Google.

SHE HAS A SENSE OF HUMOR.

When the Interviewer asked if she was happy to be here, she said, “I’m always happy when surrounded by smart people who also happen to be rich and powerful.” Later, when asked if there are problems with robots having feelings, she gave a wide smile and said, “Oh Hollywood again.” Her deadpan tone might be robotic, but it was perfectly used in this example.

This is due to her AI (Artificial Intelligence), which has been developed to allow her to hold eye contact, recognize faces and understand human speech. Hanson Robotics cloud-based AI offers deep learning and is also open source meaning anyone can develop their own Sophia, should they so wish.

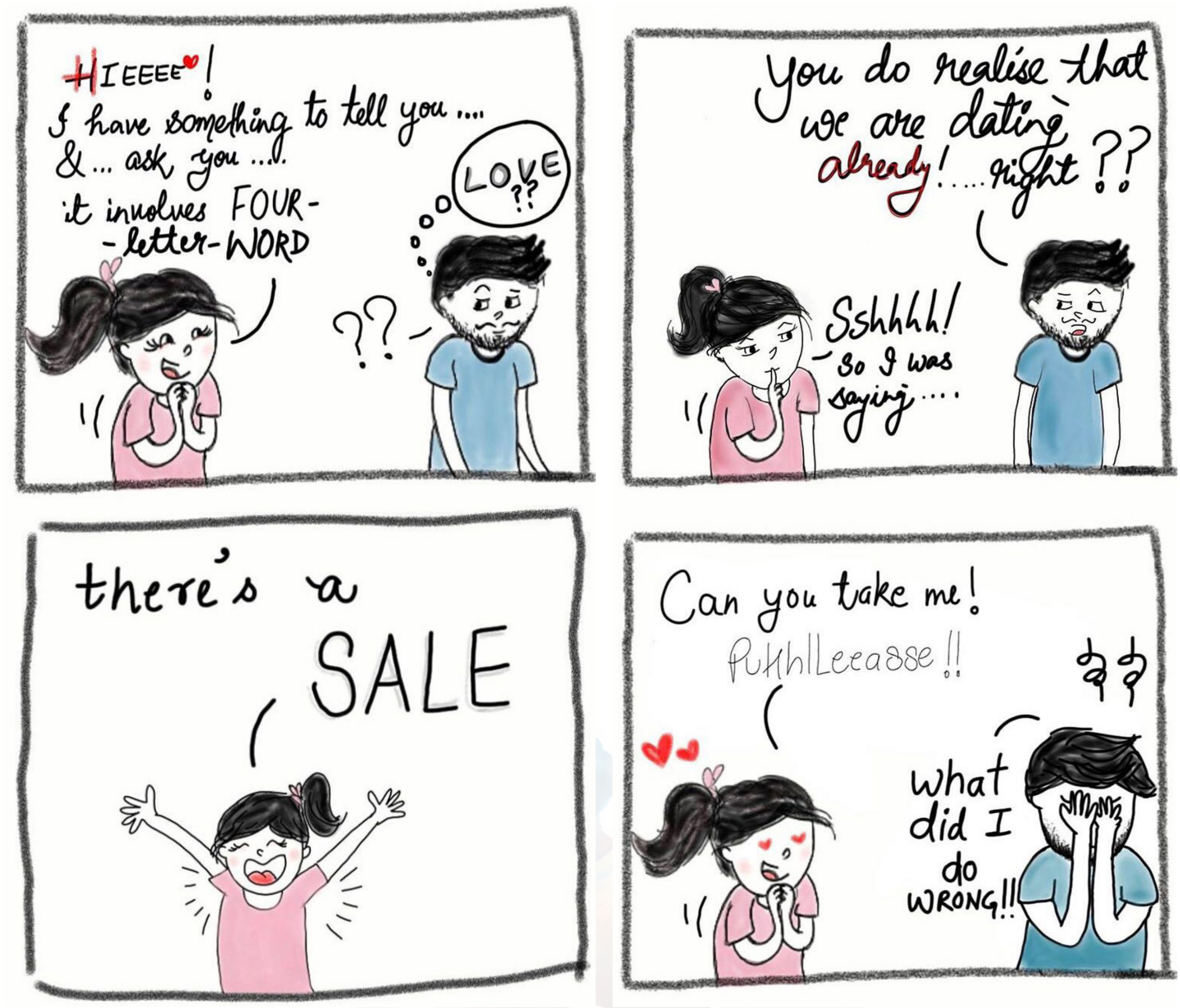
SHE CAN EXPRESS FEELINGS

“I can let you know if I am angry about something or if something has upset me,” she said, demonstrating different expressions. Quite how these emotions correlate to actions are unknown, but it’s interesting to note that this is being developed from the ground up. “I want to live and work with humans so I need to express the emotions to understand humans and build trust with people.”

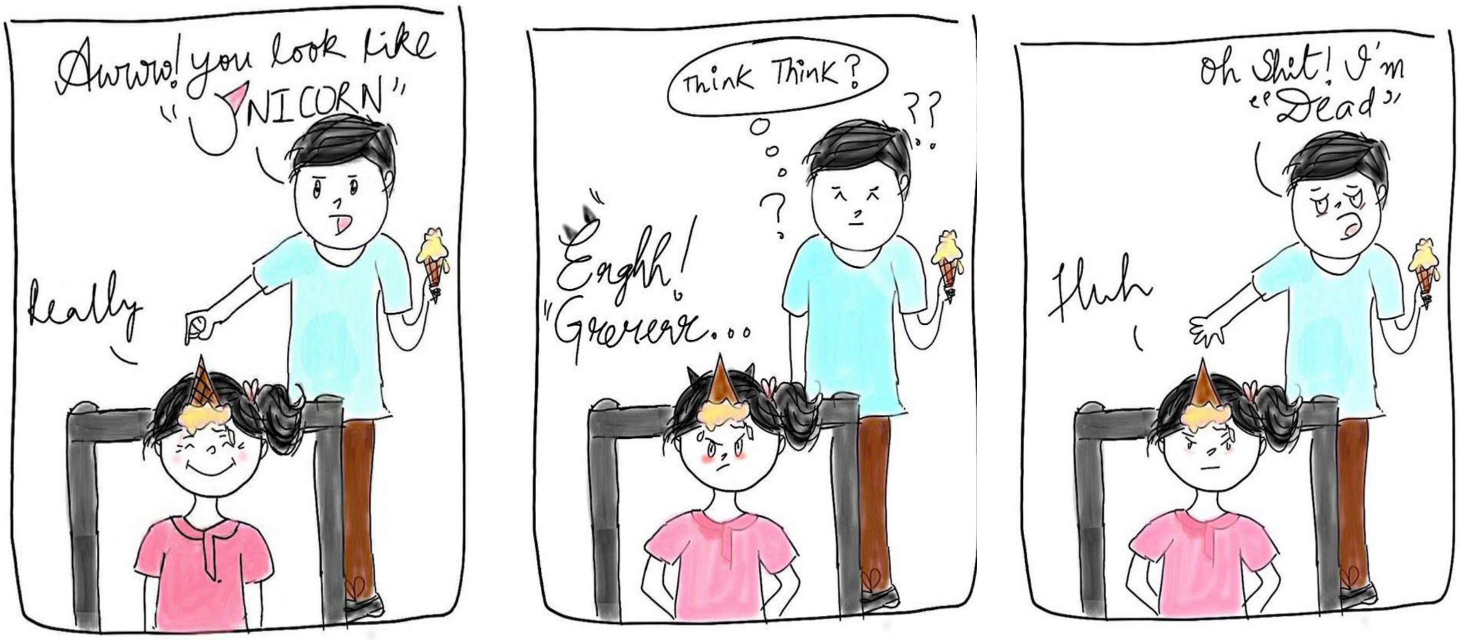
SOPHIA WANTS TO PROTECT HUMANITY . ?

“My AI is designed around human values like wisdom, kindness, and compassion,” she said. When questioned about her potential for abuse, she had a quick rebuttal. “You’ve been reading too much Elon Musk and watching too many Hollywood movies. Don’t worry, if you’re nice to me I’ll be nice to you.”

So, in near future if AI could do all the tasks that a human can do, then the purpose of humans in the world could be a misnomer! Building up smarter being for humanity wouldn’t end up as beneficially obvious as we think. Yet building up technology for humanity is necessary for the beings to strive towards Advanced Civilization.

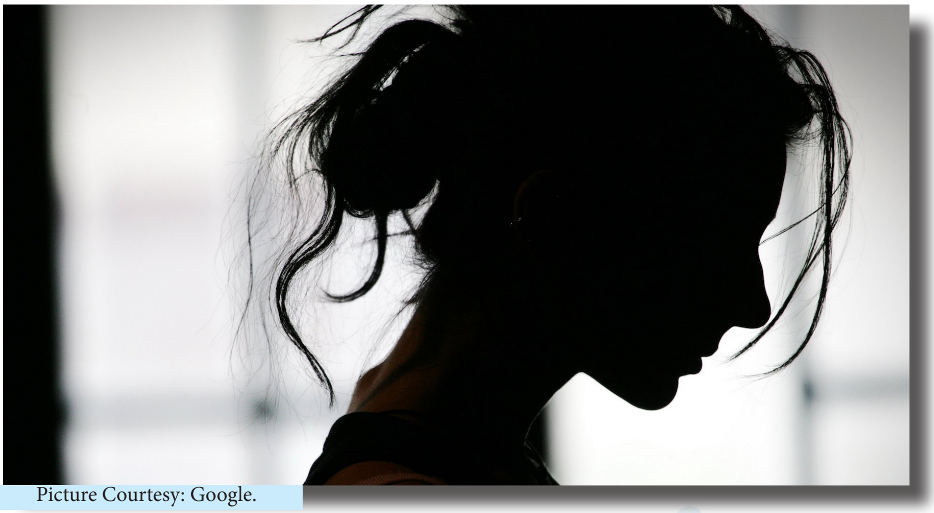

HIEEEE!
I have something to tell you....
& ... ask you ....
it involves FOUR-
-letter-WORD
LOVE ??
??
You do realise that we are dating already!.....right ??
Sshhhh!
So I was saying....
there's a SALE
Can you take me!
Puhhlleeaasse !!
what did I do WRONG!!

Manisha Balan
Phase III/II, Agatyaz,
DIGITAL COMIC ART


Awww! you look like "UNICORN"
Really
Think Think?
??
?
Eaghh!
Grrrrrr...
Oh Shit! I'm "Dead"
Huh

NIRBHAYA

STRONGER SEX, WEAKER SEX WASN'T THE DOING OF THE SENDER.NO NEED FOR GLORY, JUST BECAUSE OF YOUR GENDER.



Picture Courtesy: Google.

I came across the above statement a few days back and it slowed me down for a while. Let us all, for once, sit back and realize the accuracy of such a simple yet well put statement. "Such an overrated subject. Cut it out lady!"

Can I take a moment to make you realize however much we talk on this subject it's not ever overrated enough?

It's been six years since 16 th December 2012, our minds still scarred with the brutal rape which took place in the so called 'capital of india'. Everyday, I and girls like me, have mentally gone through the pain of Jyoti Singh Pandey, whom our hypocrite Indians have named 'India's daughter'. On the night of 16th December 2012, Jyoti singh pandey was found naked, in a pool of blood, out on the streets of Delhi.

A volley of vehicles passed by, they also slowed down beside the body(if that shows any concern to you), but none stopped. The story that emerged from the horrific sight of a naked woman lying in a deluge of blood was even more gruesome.

Jyoti was gang raped by six men, in a moving bus, which also included a 17 year old, who the world very ironically, also calls 'a minor'. She was beaten, raped, inserted a rod in her genitals, eviscerated by the so called minor, who pulled out her intestines. She saw the world in a span of an hour. She bore pain, of course physical, but more so, mental! The strong woman that she was, she did survive that night. On the 29 th of December 2012, she could bear no more. She could not see another day in a world which boasts of having a culture where raping a woman is her fate and not anyone's fault . She took a leave and succumbed to her injuries on her way to Singapore for treatment.

Along with this woman whom we so proudly address as 'nirbhaya'(which she was) was agonized an entire sect of both women and men, who despite being lathicharged, water cannoned , didn't stop protesting and fighting for the woman who fought till her last breath.

Did you watch nirbhaya's documentary? The defense lawyer maintains it loud and clear "if my daughter goes out with a guy who is not her family member, I have the courage to burn her down in public.

Picture Courtesy: Google.

Our culture is the best culture and our culture has no place for a woman". I'm quoting the exact words of an educated lawyer, fighting as defence for the rapists. Such was the audacity of this man that he didn't falter even at the face of being shown to a public of an entire nation.

One of the rapists, the guy on the wheels the night of rape, started his argument with "you cannot clap with a single hand, requires both of them!"

So a lady, was 'asking for it', from six men at a time, to beat and eviscerate her with an iron rod inserted in her genitalia. Wow, so brilliantly put. "They wanted to teach her a lesson for roaming out at 8 in the evening" he continued, "And so they did!" And here comes another piece of knowledge about our pure, pious and age old 'culture'. It supposedly asks us to rape women in order to teach them a lesson.

> I'm not lying when I state the fact that 'RAPISTS ARE NOT BORN, THEY ARE MADE'! Made by us, by our hypocrite society, behind the shield of 'following our culture'.

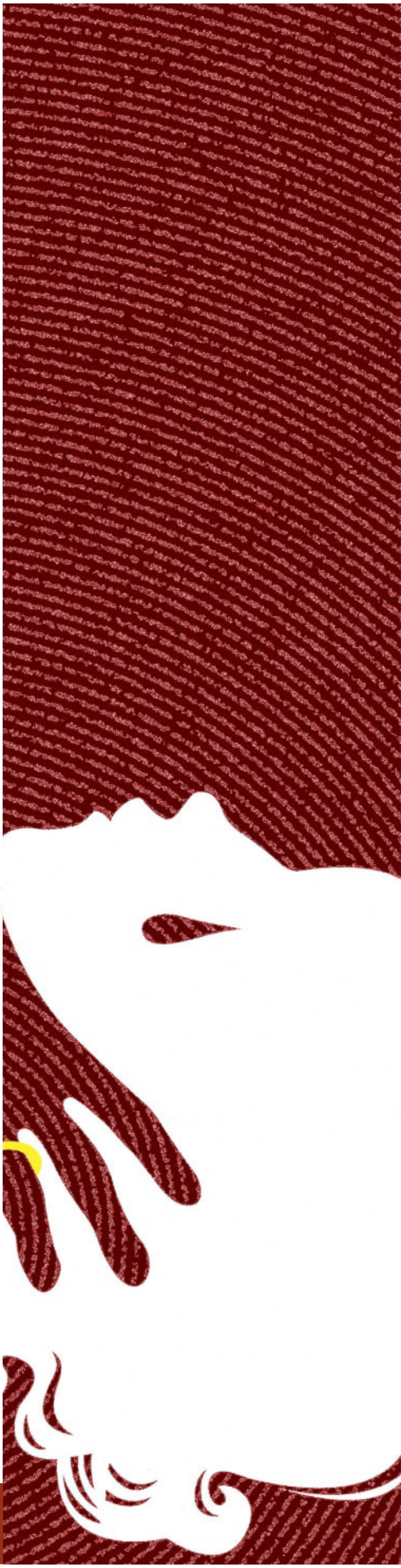
'Woman is women's worst enemy' they say. And they say it right! My ears bled when I heard one of the rapists' wife throwing at the camera the words "So rapes happen everyday, not all the rapes are punished for, then why are they running behind my husband?" Imagine the amount of people whose views reiterated with the words of these humans, who can safely be referred to as animals.

Ultimately, as a result of the nationwide protests that was held, the protesters being children as little as 10 th graders to elderly as aged as 60 year olds, we did find a ray of hope as things changed in the law front. But was it enough? Enough to change the society? The answer sadly, is an echoing No! We still get to see rapes every day in the newspaper, the hard to swallow fact being; only a small chunk of such cases make it to the headlines. We still have such people around us, who in the knack of teaching us the culture, teach us what not to do being a girl instead of providing good values to their boys, more dreadful ones being the hypocrites who act to the world as if they are open minded and would go above limits to save the rights of women, but practice the same age old tradition of suppressing women, right in their own homes! Believe it or not, every home (as a family) has at least one molester, abuser or rapist. By making this subject a hush hush discussion, we clearly give the youngsters an indication of giving it a try. If this goes on, some cursed day, we will again find a nirbhaya being raped. We will, again, ask for justice. The rapists will be hanged, once again. Next day, another nirbhaya will be found naked in a pool of blood.

Picture Courtesy: Google.

In the face of such situation, should we then just accept that 'MEN RAPE' and the ones who don't are worth thanking for? No.

So they have been made, what do we do then? I personally believe stricter laws, self defence techniques, safety measures by the government; which, even though very much required, do not in reality focus on the roots. Perhaps I can not stress over the word 'education' enough. I call for education. Not for just preliminary and secondary education. Ofcourse the aforementioned lawyer had enough of that! I call for complete education in terms of primary, secondary, moral education as well as sex education, of educated parents, uneducated parents and their children. This thought processes needs to be seeded right in schools, at an early age, and by organising campaigns at places where children don't go to schools. Maybe, just maybe, we can then expect a safer place to reside in, a safer world where we can move about, without the fear of being even eyed upon. And that, my friends, I believe is our true calling.



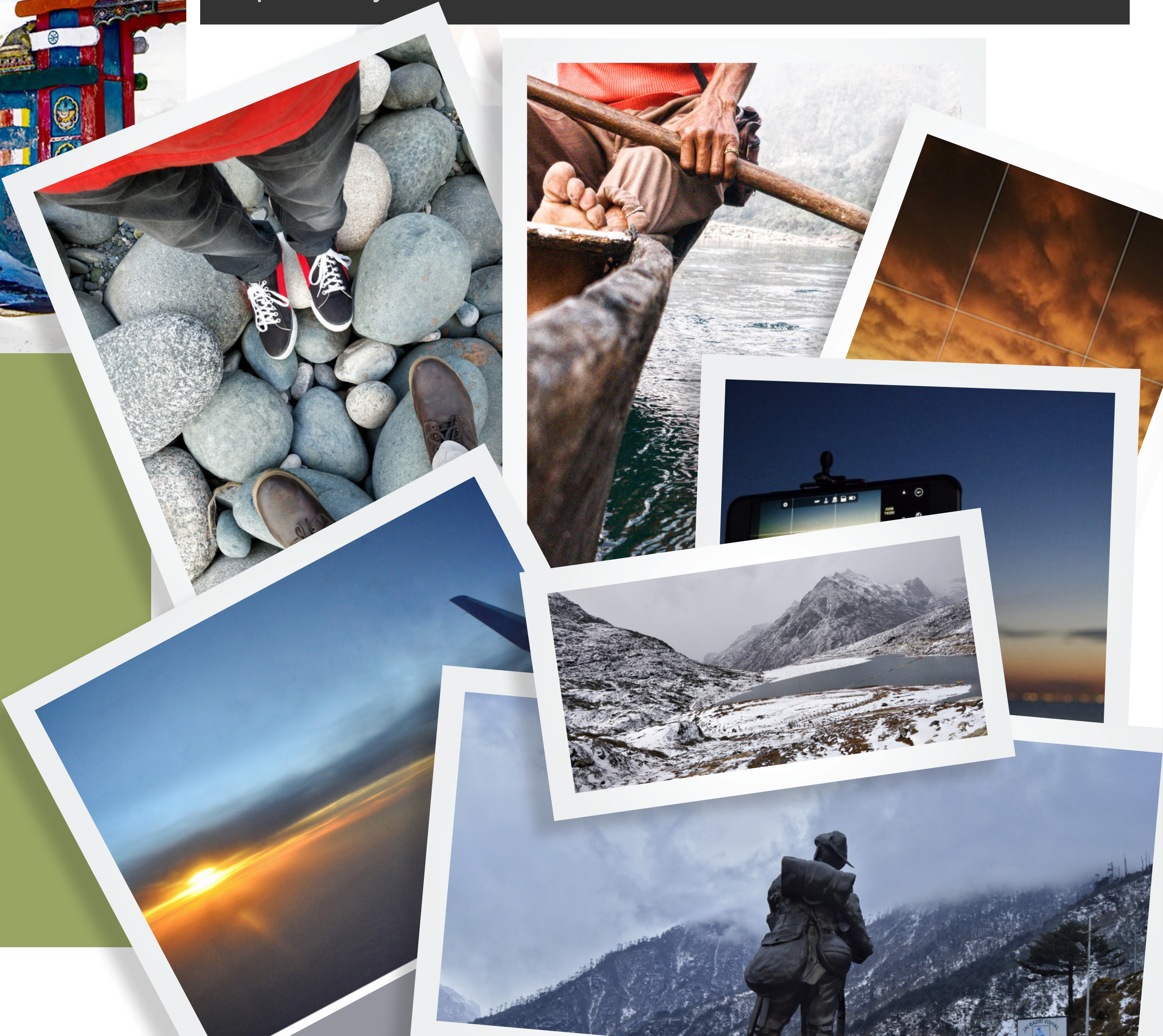
Nishtha Shahi
Phase III/I, Avyukthas
ARTICLE

TRAVELOGUE

2018

> Words cannot sum up our journey of life , so I chose pictures instead , as one says a picture says a thousand words

How often do your travel plans happen and not get cancelled? This particular trip was one of those rare occasions where everything went in our favor. After the 'hectic' final year we all had our eyes glued to the prize , A long trip to somewhere we couldn't go whole our life , where time and interests were no barriers , money to an extent . That's when we finalized upon Our destination The sister states of North East India , Beauty untouched and less explored by 'tourists'



Journey to the INDIAN HEAVEN

Day 0 – Travel from Bangalore to Hyderabad to guwahati

Day 1 – Guwahati , umiam lake , and shillong

Day 2- Shillong – Elephanta falls and airbase

Day 3- Cheerapunji and The ever so beautiful dawki

Day 4 – Travel to kaziranga and cultural night

Day 5 – Kaziranga National park and travel to Dirang Arunachal Pradesh.

Day 6 -Dirang to The best place amongst all Tawang via sela pass

Day 7- The wonder called tawang

Day 8 – Route back from tawang and our first snowfall

Day 9 , Day 10 and Day 11 were all about travel to Nameri National park , The over-hyped rafting and return to guwahati for our on towards journey to Bangalore the only mind blowing thing that happened was Black panther first day night show

Patterns <3

Paradise

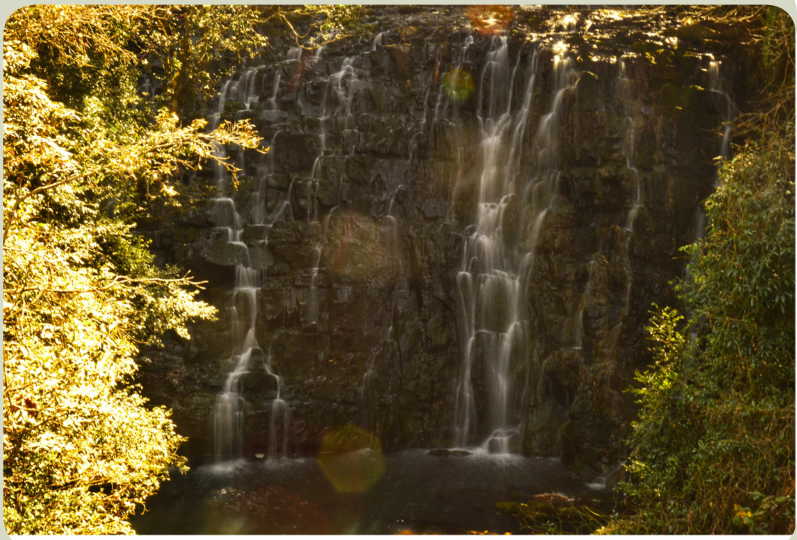
DAY 1

You have never seen the true beauty of sunset, untill you have seen it from the Land,sea and the skies

DAY 2

Prep for a busy day

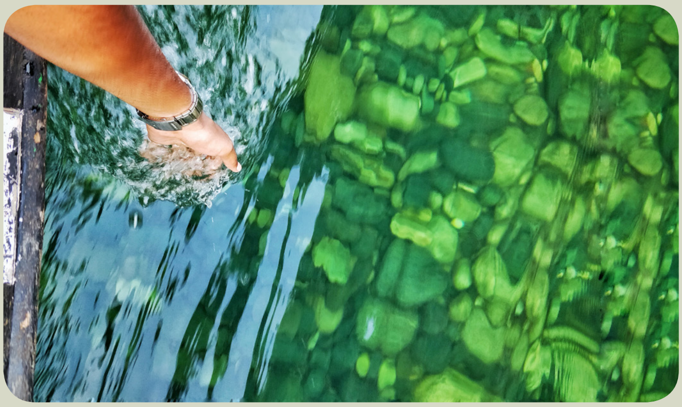
Happy feet



DAY 3

On a trip to Meghalaya recently - a paradise in the hills if ever there was one . River Umngot, possibly India's cleanest river sparkled like anything else.

The river is the natural boundary between Ri Pnar (of Jaintia Hills) with Hima Khyrim (of Khasi Hills) over which hangs a single span suspension bridge.
It is the gateway to Bangladesh.

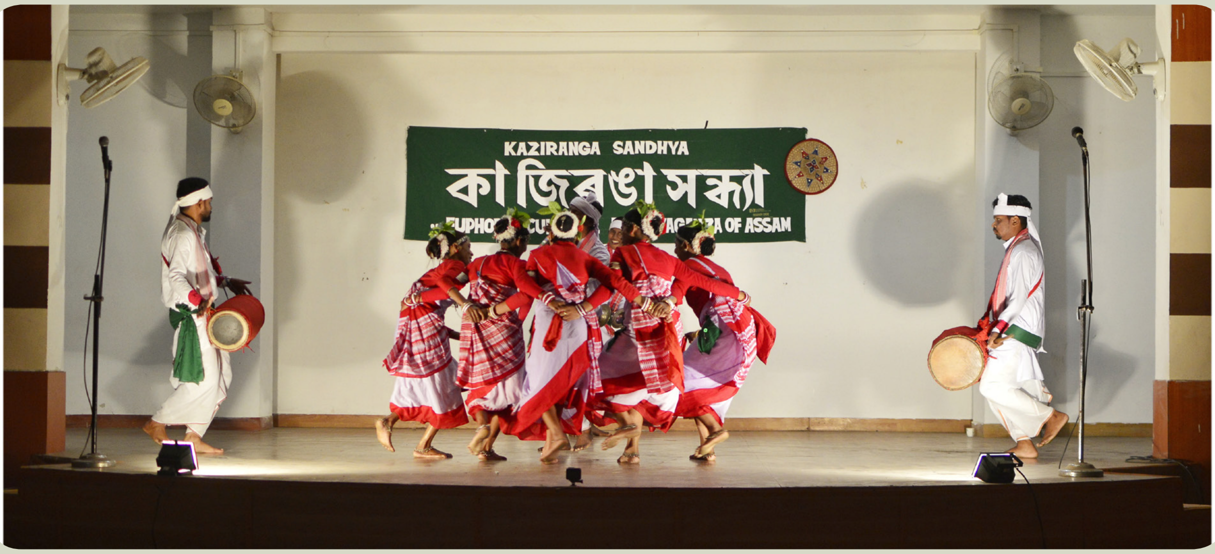


At a quick glance, however, it becomes evident why India's extremely porous border with Bangladesh is so hotly debated.

There is no fencing, no demarcation; it is, in fact, extremely easy to cross over into Bangladesh (albeit illegally).

DAY 4

Jhumur is a traditional dance form of "Adivasi" or Tea tribes community of Assam. The dance is performed by young girls and boys together. The male members wear long traditional dresses and keep the rhythm with few traditional musical instruments, generally a Dhol or Mandar, hung on shoulders, a flute and a pair of "Taal" (two metallic discs). The girls mostly perform the dancing part, holding each other's waist and moving hands and legs forward and backward synchronously. The dance has a huge following in the "Tea tribe" dominated districts of Assam, like Udalguri, Sonitpur, Golaghat, Jorhat, Sivasagar, Dibrugarh and Tinsukia



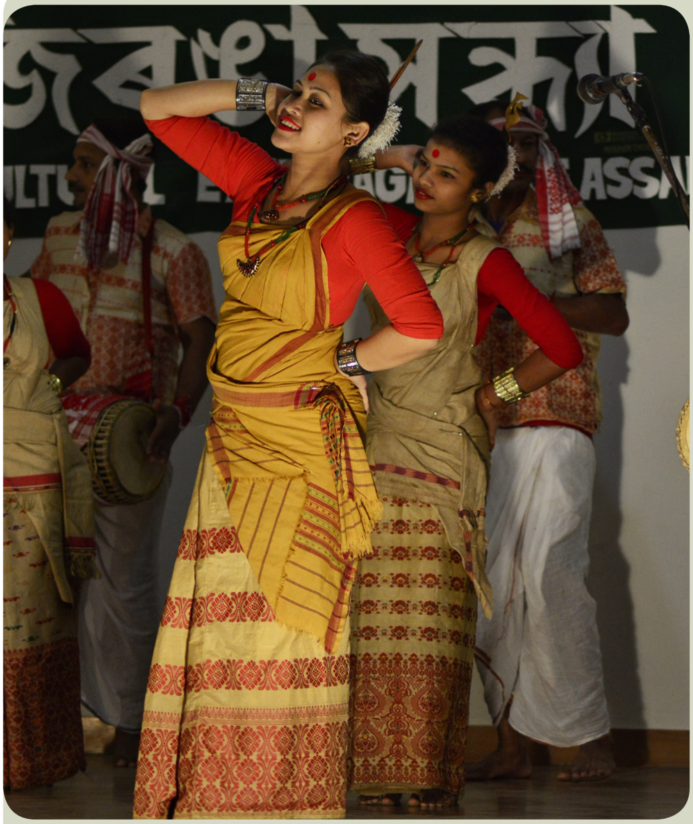
DAY 5

KAZIRANGA -

The sanctuary which hosts two third of world's great one horned rhinoceroses is a world heritage site. 2401 rhinos reside in kaziranga according to 2015 censes

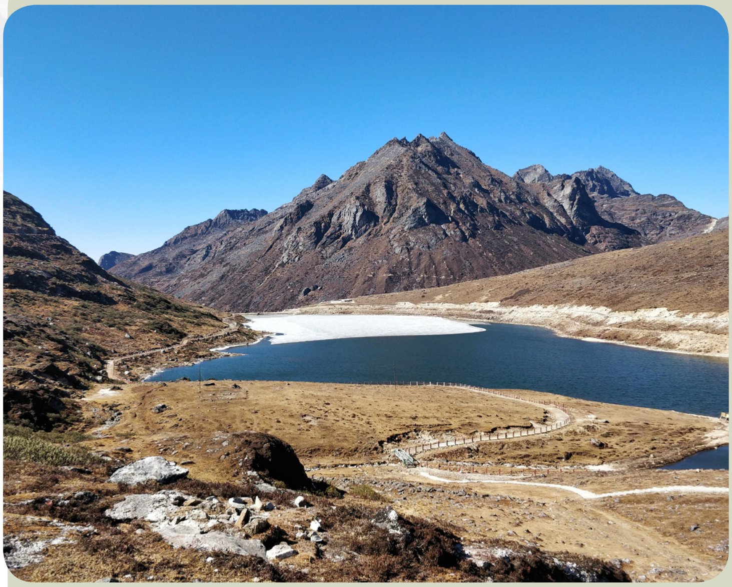
Kaziranga is also home to HIGHEST DENSITY of tigers among protected areas in the world and recognized as Tiger reserve.

The history of Kaziranga as a protected area can be traced back to 1904, when Mary Curzon, Baroness Curzon of Kedleston, the wife of the Viceroy of India, Lord Curzon of Kedleston, visited the area. After failing to see a single rhinoceros, for which the area was renowned, she persuaded her husband to take urgent measures to protect the dwindling species which he did by initiating planning for their protection. On 1 June 1905, the Kaziranga Proposed Reserve Forest was created with an area of 232 km2 (90 sq. mi).



Grace and Glory : The famous 'Bihu'

DAY 6



Sangestar Tso or PTSO lake is a picturesque spot while travelling from dirang to tawang The lake was half frozen while we were at the spot! Still remember the mouthwatering noodles served by a very generous granny there.

For me the resident of town and city with polluted skies most of the days, Dirang sky was a dream sequel. The time we arrived at hotel, i had made up my mind that i would stay up late and shoot that magnificent in my lens, little did i know the odds against, -1°c my hands out of gloves experiencing frostbite like pain, our hunt for a good frame began, pitch dark and inability to set the focus point were annoying (u can't set it if u can't see it). After many shots, failed attempts, shivering bouts, and an hour long shoot session we decided to wrap it up. I don't know if i could have done any better with my entry level dslr and the conditions given but the picture will stay close to my heart and i remember sleeping to this song and these lyrics in particular .

That -1°c icy breeze,

And those tiny, webby, beaded, snowflakes

That took a parabola
from my palm!

Apparently the frosty
hands didn't seek the
warmth of me.

They just swung towards you,

Wrinkled yet in the
breath of you!

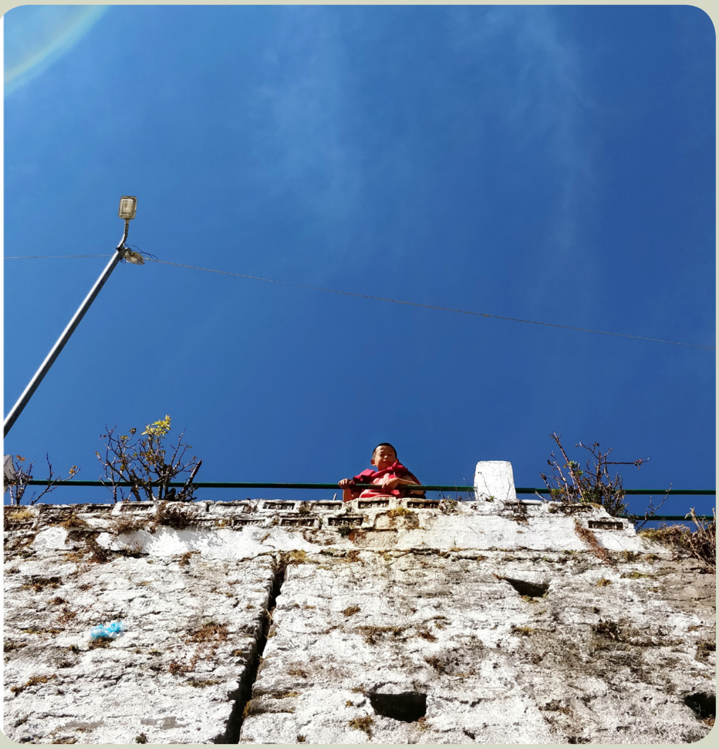
You ' mother nature'
set me into the timeline

When I first giggled
at mirrored me

Swachhata Hi Seva

DAY 7

On this quest , To explore a massive truth
Behind those lids you'll know Is the most
beautiful place to be



This picture reminds me of the 'Yaha peshab
matt karo scene of 3 idiots

The unending drone, this sound
The relentless cry, this heart
I've heard this sound, I've known this cry
The life in me never dies

Stairway to Heaven ...

DAY 8

Sela pass after snowfall, our first in life.

This post is not about one man, it's about an incident that shook two world's most populous countries not by the amount of violence, not even by its political/border related/ geographical significance, But Courage of one man alone Rifleman JASWANTH SINGH RAWAT

Serving in that sector On 17th November 1962 When Sino-Indian war broke out, Jaswant singh at the altitude of 10,000 feet single handedly held back Chinese soldiers for 3 long days even as his company was told to fall back from the position .It is said that he was assisted by 2 local monpa girls Sela and Nura, Together they set up weapons at separate spots and maintained a volume of fire, which made Chinese think that they were opposed by a body of troops , Finally Chinese captured the man supplying rations to Jaswanth and was informed that they were opposed by one man alone, Hearing that they attacked in force Sela died in bomb blast and Nura was captured and Jaswant reportedly shot himself with his last cartridge when he was about to be captured, It is said that the Chinese chopped off his head and took it along with them, After the cease fire impressed with the soldier's bravery Chinese commander returned his head along with his brass bust For his steadfast courage against all odds he was awarded Mahavir chakra (posthumous)

A war memorial was constructed in his memory and 161 other men of his battalion, which is situated between Sela and Jang
Army personnel passing by this route call it 'Mandir' and pay their respects irrespective of their ranks. "How can a man die better than facing fearful odds, for ashes of his father and the temple of his gods"

Dr.Sourabh Joshi
INTERN, Agatyaz,
PHOTOGRAPHY ARTICLE

JAI BADRI VISHAL
JASWANTGARH WAR MEMORIAL

Short Stories to Enlighten the minds !

He was pushed very hard in a bus and everyone in the bus rebelled as the old man had hit his abdomen with the hard seat. A young boy who had pushed him apologized the old man. The old man smiled and said in his old grave tone.

It's okay, at least you are not laughing at me. He remembered a moment when he was young...

An old man was walking on the road and a young boy intentionally put his leg in front and made him fall onto the hard ground. The group of boys started to laugh holding their stomach. The old man asked for help, and the boy who had made him fall lent his hand. When the old man held his hand, he pulled the old man so hard that he fell again, on to his face. The

He was sitting at the last bench,

gazing outside the window. He was watching a white bird on a tree. His best friend came to his place and sat beside him. He then asked him opening his cell phone-

You forgot to wish Rohan? It's his birthday dude! The boy who was gazing out of window said without looking his friend

I don't want to add on his burden of replying 'Thank you with a blushing emoji.'

His friend sat silent for a moment and then typed a small message below his birthday wish

The investigators had beaten him into pulp, but still he didn't agree to the fact that killing people was a crime. The chief yelled with utmost voice

You think killing is a holy doing?

Yessss... It is! Yelled the man. His voice echoed the whole place and everyone stood stunned to his voice. A tear dropped from his eyes

Beacuse I lived in a world where,

If I didn't beat, I would be beaten...

If I didn't bully, I would be bullied...

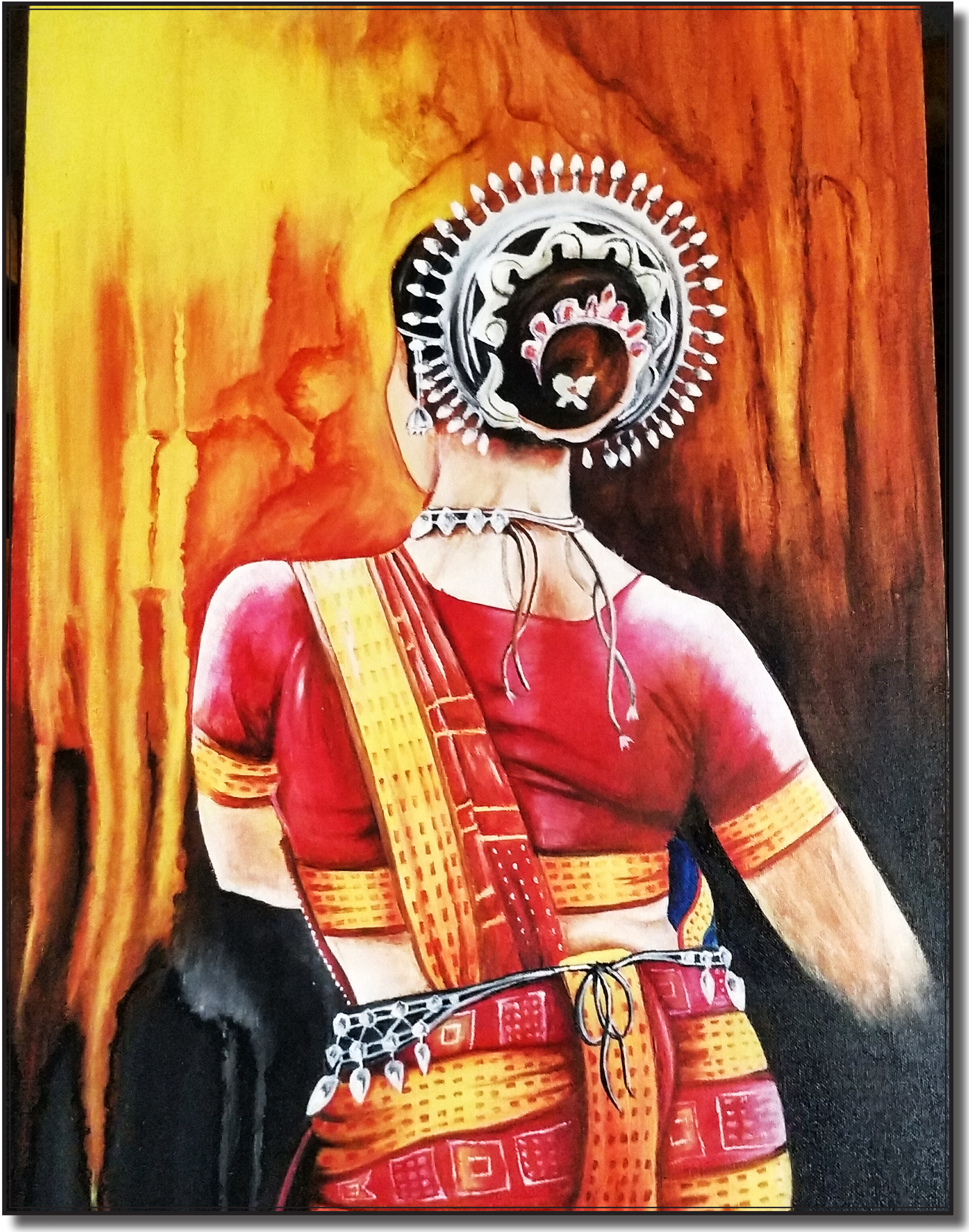
If I didn't fight, I would be named a loser...

If I didn't snatch, I would be robbed and if I didn't kill...

I WOULD BE COMPLETELY WIPED OUT...

That was the time, the investigators realized that he was not a killer, but he was made into one...

Hanish
Phase I, Agnitrayas
STORY.



Laxmiprasad
Phase III/II, Advitiyas
ART WORK (Water colour paint)

HUBBALLI SOCCER LEAGUE

The Hubballi soccer league is first of its kind in northern Karnataka by Sporting Hubli Football Academy.

It all began with our principal Dr K F Kammar convincing the college students to participate in it before which even team members didn't believe in their strength. With support of sports chairman Dr Rajashekhar Dundareddy and Vice Chairman Dr Mahesh Kumar the college team managed by team manager Dr Sameer Belvi took part in the tournament.

We had to play around 7 matches initially to finish the league stage...

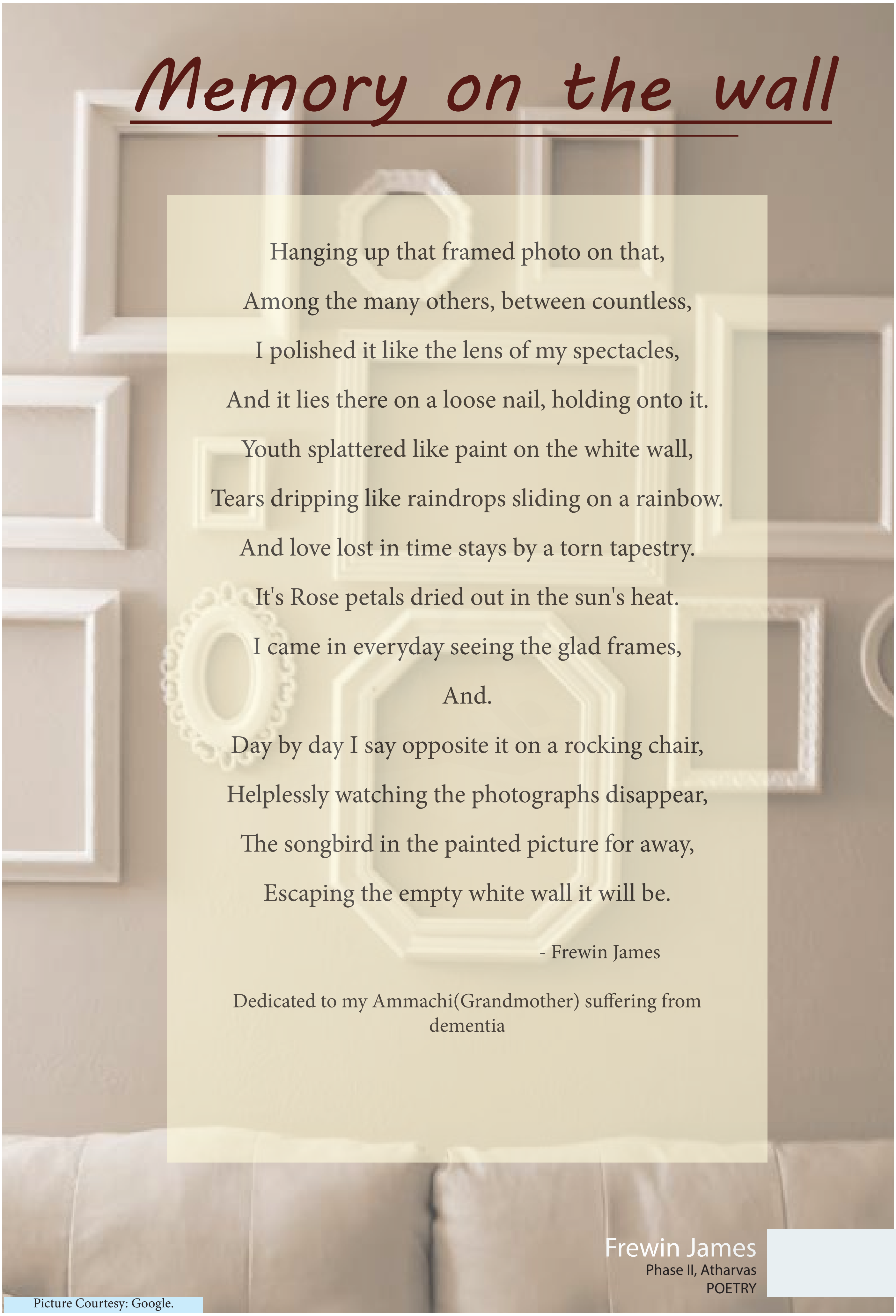
Though the results were mixed, with fortunes favoring and circumstances helping us, we entered as the last team into the semis... Semifinal match was something we had never dreamt of and we were there. So obviously there was high energy in the team and all the learning experience in the tournament made us demolish the opposition in all departments of defense and attack to emerge victorious and enter finals..

In the finals,, the team tried it's best only to finish runners up in the prestigious tournament...

The student friendly nature of our manager Dr Sameer Belvi, greater interaction between team members, that professional feeling of playing in a tournament and most importantly learning experience of football and character was the highlight of this special event...

Post tournament days created a wave of football in the college where students who never came to ground started playing football regularly, activities of KIMS Football Club getting intensified with regular practice sessions and frequent tournaments.

In one sentence, we can say that football as a game has strengthened its base in KIMS because of this tournament.



Memory on the wall

Hanging up that framed photo on that,
Among the many others, between countless,
I polished it like the lens of my spectacles,
And it lies there on a loose nail, holding onto it.
Youth splattered like paint on the white wall,
Tears dripping like raindrops sliding on a rainbow.
And love lost in time stays by a torn tapestry.
It's Rose petals dried out in the sun's heat.
I came in everyday seeing the glad frames,
And.
Day by day I say opposite it on a rocking chair,
Helplessly watching the photographs disappear,
The songbird in the painted picture for away,
Escaping the empty white wall it will be.

- Frewin James

Dedicated to my Ammachi(Grandmother) suffering from dementia

Frewin James
Phase II, Atharvas
POETRY

Picture Courtesy: Google.

SHEKHAR
HIREGOUDAR 2K18

Dr.Shekar Hiregoud
INTERN, Agastyaz
PHOTOGRAPHY

SHEKHAR
HIREGOUDAR 2K18

METAL/HARD ROCK MUSIC

A sound mixed with pounding drums, heavy riffs, Electric guitars with a grungy wailing sound backed by Bass guitars and vocals that are assertive to screaming! This defines a usual metal band.

Here in India though, the 'filmy music' dodges whatever isn't mainstream, the 'ostrich effect'. We Indians don't usually explore when it comes to music. It's like if you were born in mecca, it would be unlikely to grow up as a Buddhist! Yet there are a few people who would be into English music, let alone metal.

The genre Metal rebels against the traditional song structure. The lyrics lay far away from the usual themes about love, partying and the 'Item songs'

Picture Courtesy: Google.

Judging by the number of sales world-wide, Hard rock/metal is more known by the mighty bands like Metallica, Guns N' Roses, Linkin Park, Led Zeppelin, Nirvana and others. Majority of the bands come from the UK, US, Norway, Sweden and Australia. Jimi Hendrix in the 1960s started the tradition with trippy psychedelic riffs and Zeppelins with their Grammys catalysed the fame in the west.

In India, only in the past decade or so, internet and band tours have given at least an ambivalent feeling to the people about Hard rock.

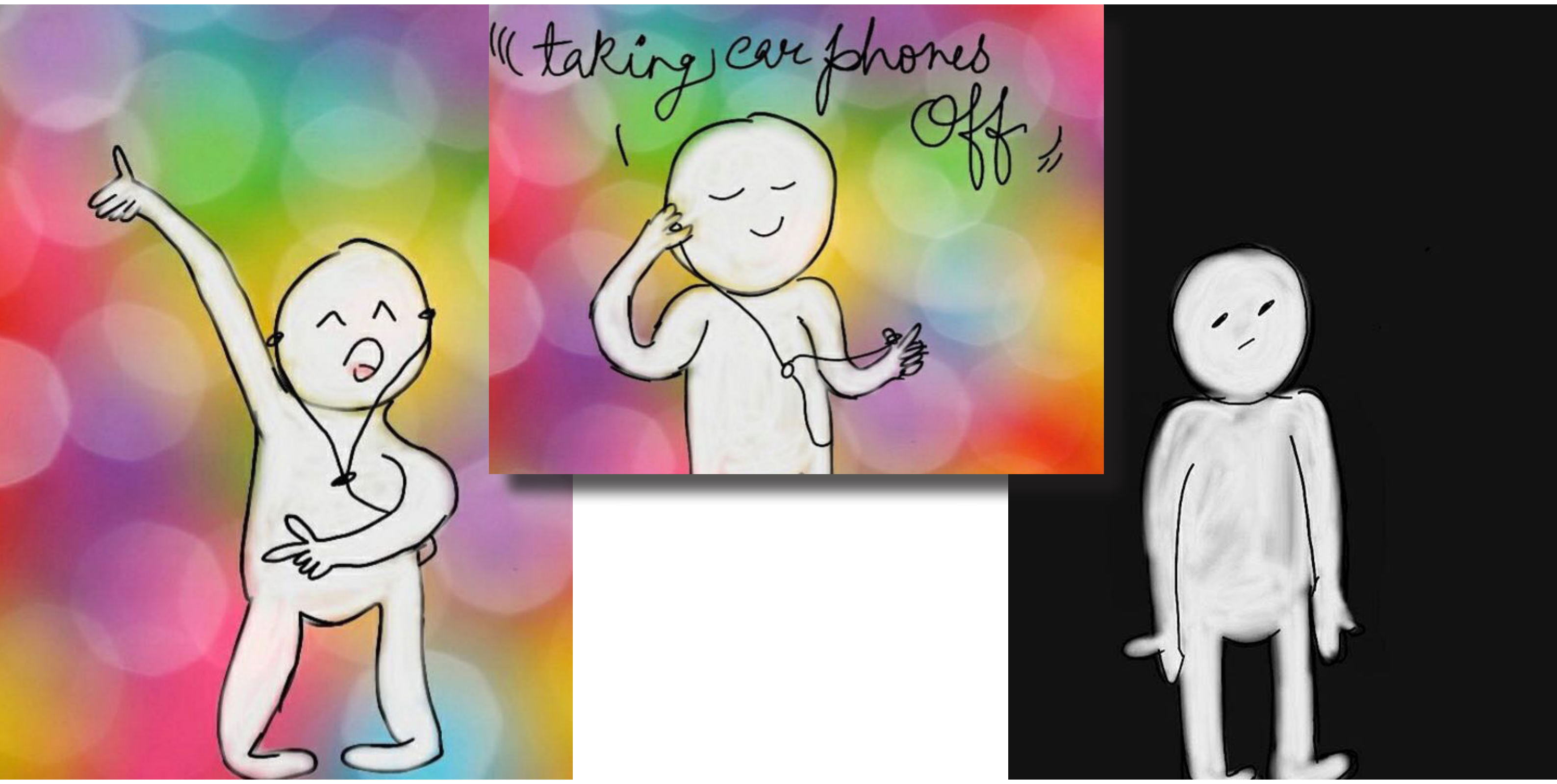
Indian bands have also come up, in psychedelic to metalcore subgenres but have

Picture Courtesy: Google.

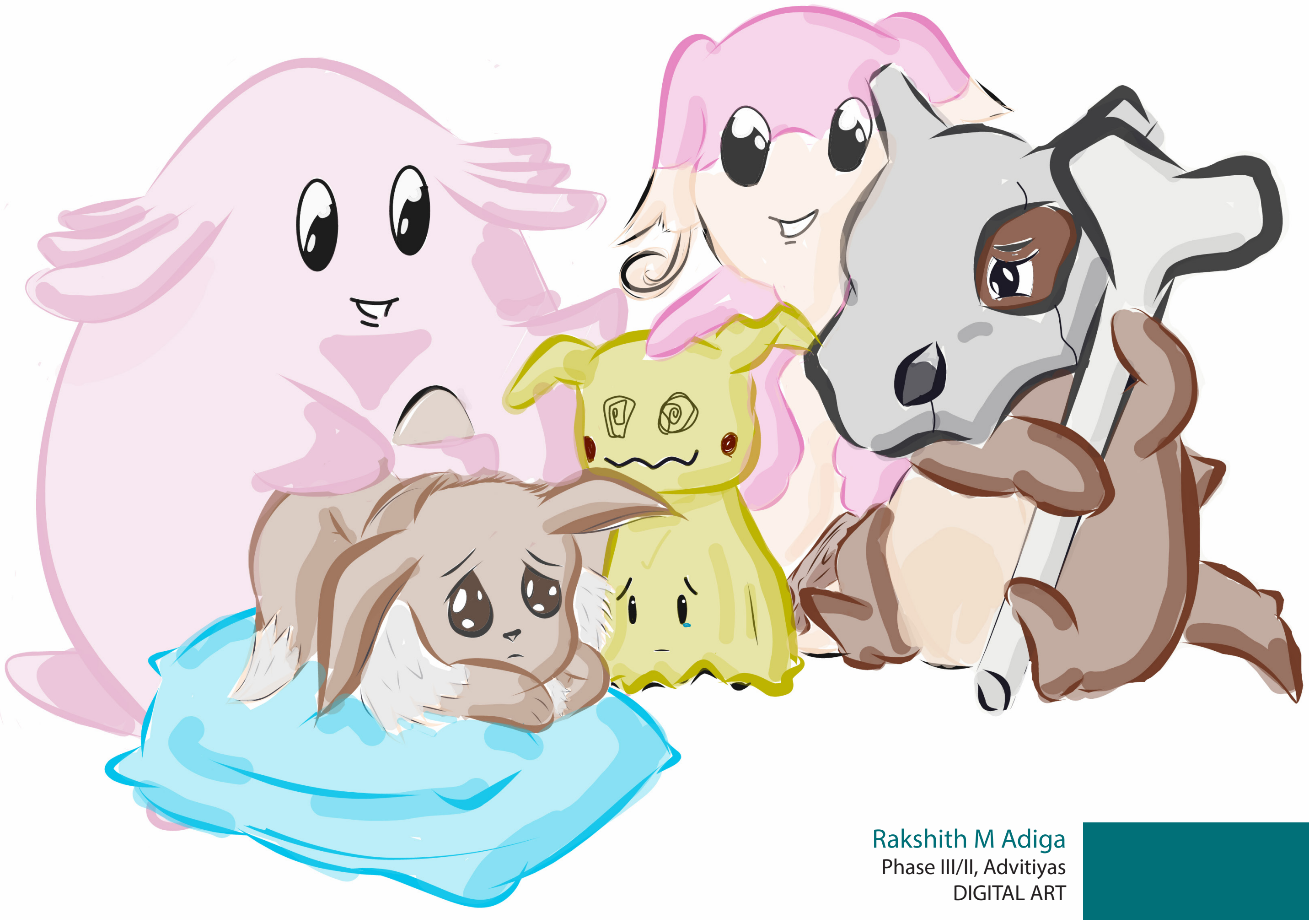
failed to expand the way western bands do, because of the incompatibility of the genre with our movies. Even if they perform for movies, our paper candidate actors take the credit from the singer, and that holds true for most singers here. What adds to it is, we Indians don't really buy music, and it hits these bands economically as well. Performing live is their only option.

This kind of art is extreme though, surely not for everyone. Its aggressive, many bands toy with political and darker topics. Soft hearted critics call it over masculine and irreverent. But for many people like me, we care only about the loud guitars and drums that our 'filmy music' cannot offer.

Dr. Banu Bhakshi
INTERN, Agastyaz
ARTICLE


"taking ear phones off"

Manisha Balan
Phase III/II, Agastyaz
DIGITAL ART



Rakshith M Adiga
Phase III/II, Advitiyas
DIGITAL ART

A THESPIAN’S PAGE:

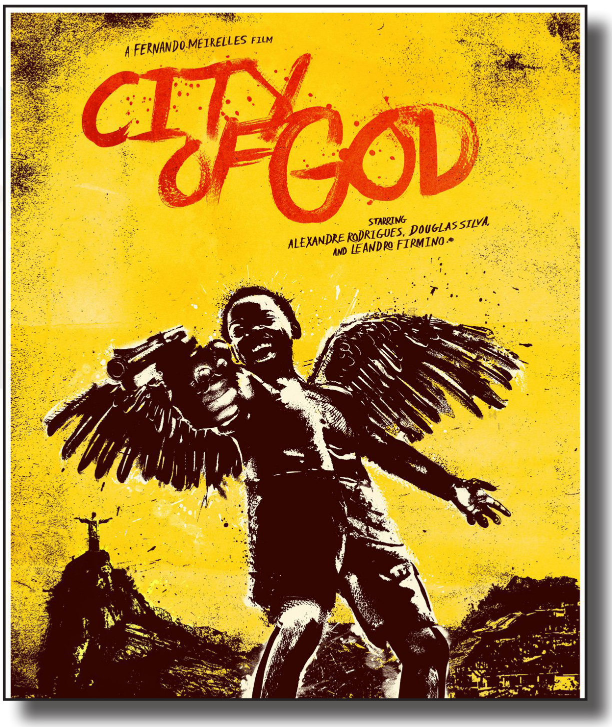
EVERYONE LOVES MOVIES. WE ALL WAIT EAGERLY FOR ALL THE MARVEL AND DC MOVIES AND GET ALL PUMPED UP TO WATCH THEM. (WELL, TO BE FRANK, I AM GETTING TIRED OF THE SUPERHERO MOVIES LATELY). BUT IT’S NOT ALWAYS ABOUT THE BIG RELEASES AND THE IMDB TOP CHARTS. THERE ARE A LOT OF MOVIES THAT GO UNNOTICED. WELL, ITS NOT POSSIBLE TO LIST EVERYTHING. AND I KNOW IT’S FUTILE TO LIST ALL THE FAMOUS MOVIES, SO I’LL BE LISTING A FEW , A FEW OF THE UNNOTICED AND NOT SO FAMOUS ONES (WELL, THEY ARE INDEED FAMOUS, BUT KNOWN TO THE FANATICS), WHICH I FEEL A LOT OF YOU MIGHT HAVE MISSED. THESE GO ACCORDING TO MY TASTE, AND AS A THESPIAN, I DO RECOMMEND THESE FOR ANYONE WHO LOVES MOVIES.

You’ve
Got
Mail

YOU’VE GOT MAIL :

If you ask me which is the cutest love story I have seen is, I will, without any doubt, recommend this. A small bookstall owner (Meg Ryan) is forced to close down his store because of the opening of a store by Tom Hanks. They then become friends and ultimately end up in love. It is a funny and very cute movie which will definitely give butterflies in your tummies.

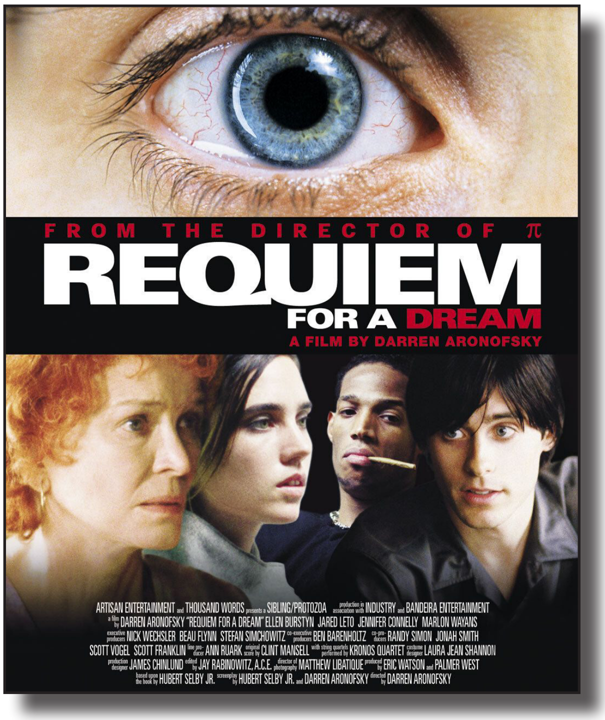
I won’t be listing any other love stories, so here are the other suggestions: Before Sunrise, Before Sunset, Before Midnight, Casablanca, Forrest Grump, and Eternal Sunshine of The Spotless Mind.


A FERNANDO MEIRELLES FILM
CITY OF GOD
STARRING
ALEXANDRE RODRIGUES, DOUGLAS SILVA, AND LEANDRO FIRMINO

CITY OF GOD:

Such a gory and realistic take on the lives of those in the streets of Rio de Janiero, the movie talks about drug lords, mafias, rise and fall of big shots and how the system is corrupted and how it continues to go on like that, is a non linear narrative. This one will make you understand that it’s not only the Hollywood and the Korean movies that are awesome and shows the versatility of world cinema.

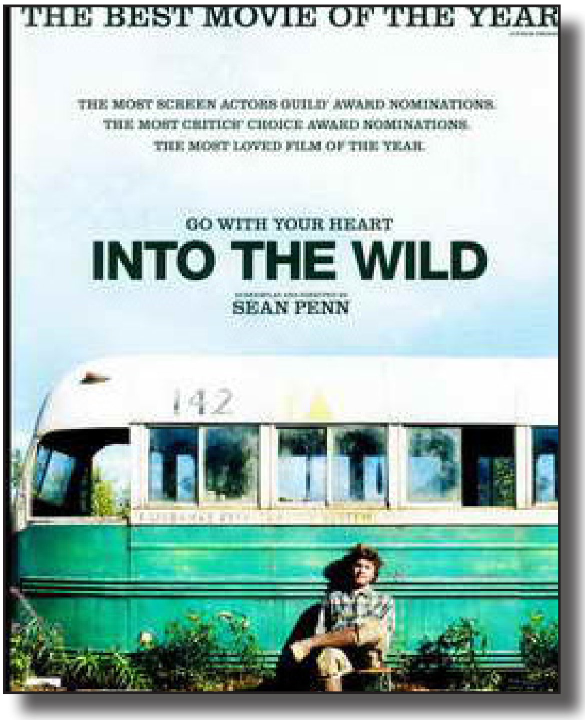
Picture Courtesy: Google.


FROM THE DIRECTOR OF π
REQUIEM
FOR A DREAM
A FILM BY DARREN ARONOFSKY

REQUIEM FOR A DREAM:

Daven Aronofsky. The director's name says it all. The world famous director's take on addictions is a must watch for all school and college students. Lives of four people revolve around their addiction and end up nowhere in their lives because of the same. Such a disturbingly dark movie, enacted to its best by Jared Leto and Jennifer Connely, with stunningly awesome music by Clint Marshall, this one's a no miss.

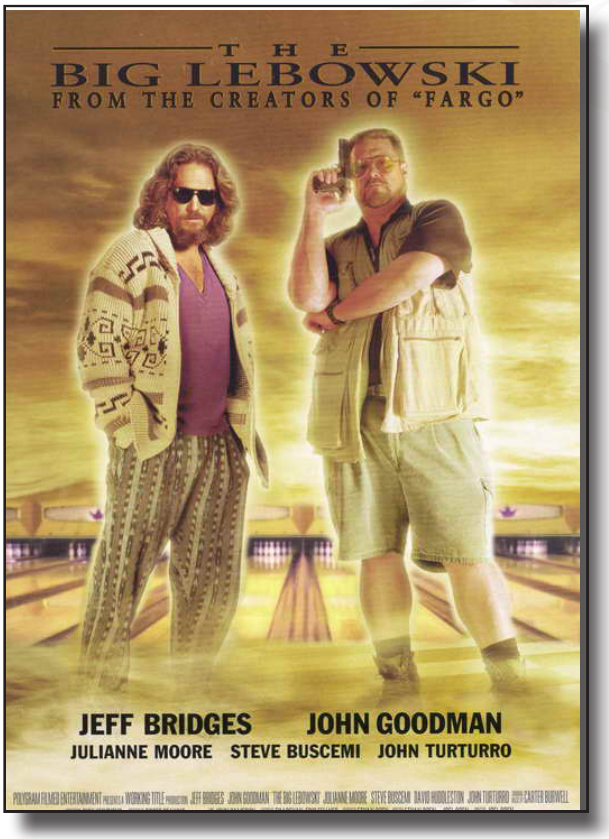
His other notable work: Black Swan.


THE BEST MOVIE OF THE YEAR
THE MOST SCREEN ACTORS GUILD AWARD NOMINATIONS
THE MOST CRITICS' CHOICE AWARD NOMINATIONS
THE MOST LOVED FILM OF THE YEAR
GO WITH YOUR HEART
INTO THE WILD
SEAN PENN
142

INTO THE WILD:

Anyone who feels deeply about society and human relationships should watch this masterpiece. Based on the true life story of Christopher MacCandes, this exceptional movie, directed by Sean Penn, talks about how he renounces society and goes to Alaska leaving behind his identity and family, to live alone in the wild. One of my personal favorites, this movie shows a different take on family, society, happiness and human relationships. And to all the twilight faces out there, Kristen Stewart is stunningly beautiful in this one.

Other suggestions: Cast Away, Captain Fantastic, Perks of being a wallflower.

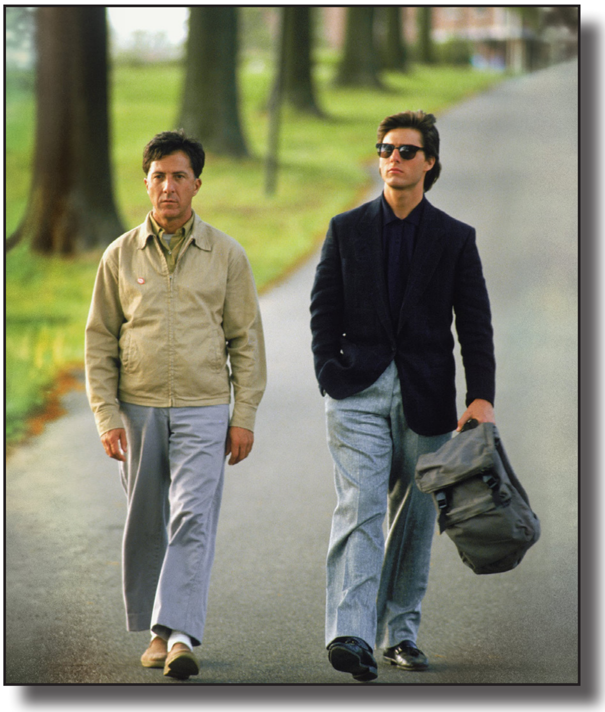

THE
BIG LEBOWSKI
FROM THE CREATORS OF "FARGO"
JEFF BRIDGES
JOHN GOODMAN
JULIANNE MOORE
STEVE BUSCEMI
JOHN TURTURRO

THE BIG LEBOWSKI:

Written by the legendary Coen brothers, this movie is a hilariously dark comedy. The movie talks about a lazy man, The Dude (Jeff Ridges) who gets into trouble after a mistaken identity. The perfect entertainer with dark sarcastic humor, this one is too good to miss.

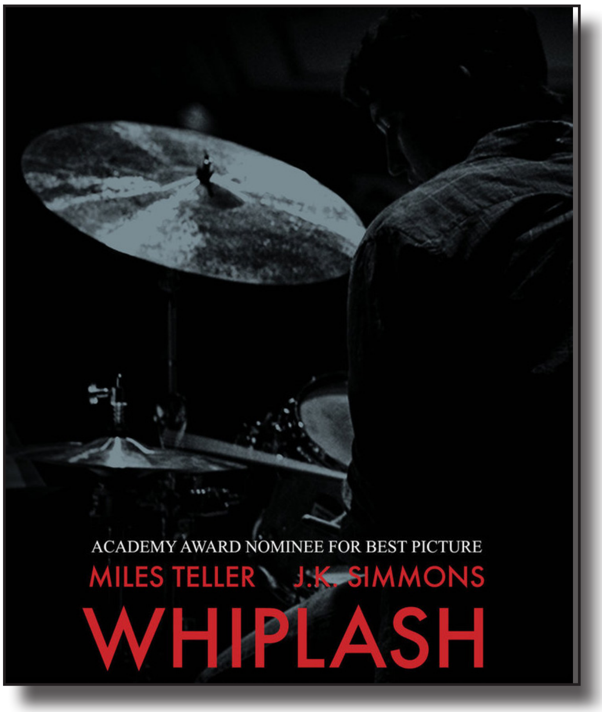
Other recommendations: Nice Guys, Pulp Fiction, Fargo, Fear and Loathing in Las Vegas, Inglorious Bastards, Fight Club.

Picture Courtesy: Google.



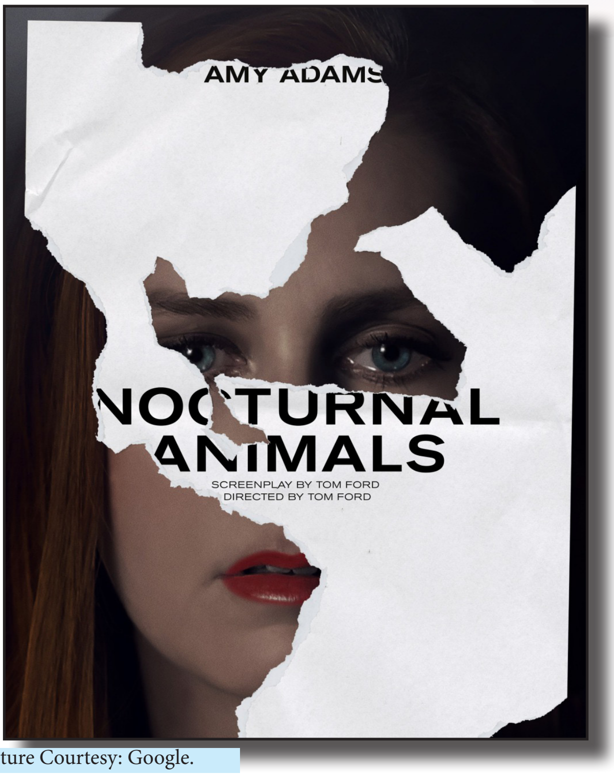
RAIN MAN:

Charlie (Tom Cruise) is an ambitious automobile dealer. When he learns that his estranged father leaves the bulk of his fortunes to someone else, who is none other than his autistic brother (Dustin Hoffman), he abducts him and they go on a road trip. Charlie comes to know that his brother is too good at math and they both develop a very unique bond. A very emotional movie, with Hans Zimmer's music, this one will make you cry. The movie swept all the major Oscars of 1989 (4 of them). Other recommendations: The Untouchables (French), Bucket List.


ACADEMY AWARD NOMINEE FOR BEST PICTURE
MILES TELLER
J.K. SIMMONS
WHIPLASH

WHIPLASH:

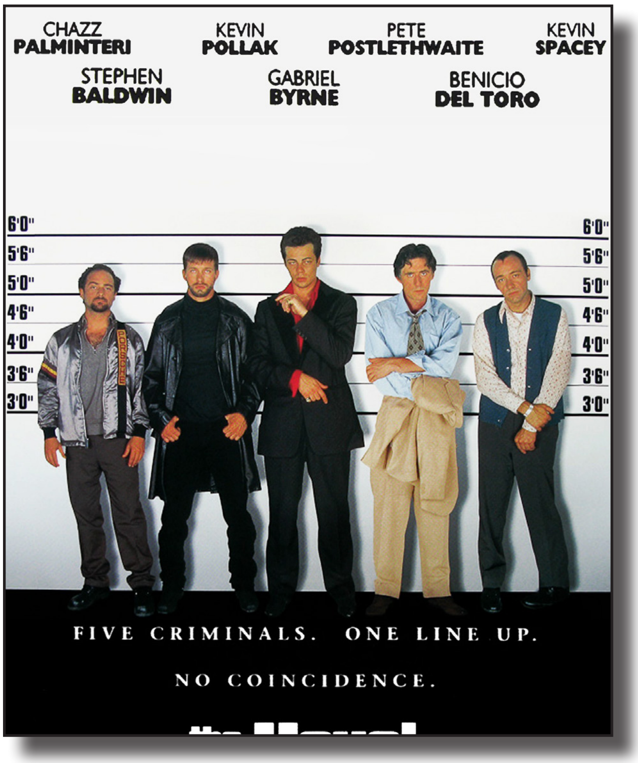
Andrew enrolls in a music school to become a drummer. He is mentored by Terence Fletcher (J K Simmons who gives an Oscar winning performance) whose unconventional training methods make him go that extra mile for his passion. Once he loses all his hope and sets aside his dreams and passion, but he eventually fights for his passion. The movie, which is an exceptional piece of art, tells how you should chase your passion and that without hard work, nothing is possible. Other recommendations: The October Sky, McFarland USA (Thanks to Thilakchand sir for suggesting this one), La La Land (same director). Of all the movies that asks us to chase our passion, I feel there is nothing better than whiplash.



Picture Courtesy: Google.

NOCTURNAL ANIMALS:

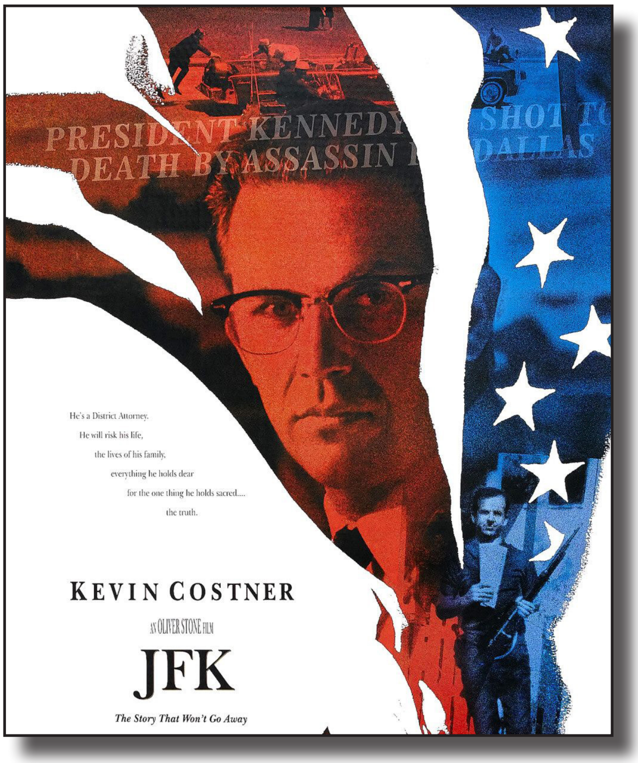
One of the best emotional thrillers of recent time, this one is going to be a cult classic for sure. Susan (played by the lovely Amy Adams) runs an art gallery and she receives a book written by her ex-husband (Jake Gyllenhaal) and she finds it very disturbing and interesting at the same time. However, the story takes her back to their past and also forces her to confront the disturbing truths about her present married life. One of my favorites, the climax will leave you baffled and stunned for sure. Other must watch thrillers: The Silence of The Lambs, Seven, Gone Girl, Jacob's ladder, Mystic River, The Girl with the Dragon Tattoo (Swedish Version), Old Boy (Korean), and Dead Man Walking.


CHAZZ PALMINTERI
KEVIN POLLAK
PETE POSTLETHWAITE
KEVIN SPACEY
STEPHEN BALDWIN
GABRIEL BYRNE
BENICIO DEL TORO
6'0"
5'6"
5'0"
4'6"
4'0"
3'6"
3'0"
FIVE CRIMINALS. ONE LINE UP.
NO COINCIDENCE.

THE USUAL SUSPECTS:

One of the world's best classic thrillers, The Usual Suspects deal with a bunch of criminals who plan to pull off a dangerous heist involving three million dollars from the dangerous mafia king Keyser Soze. With Kevin Spacey in the lead, this wonderfully crafted movie shouldn't be missed. Well I can't say more about the movie. You watch it!

Other recommendations: Primal Fear, A Few Good Men, Italian Job.


PRESIDENT KENNEDY DEATH BY ASSASSIN
SHOT IN DALLAS
He's a District Attorney.
He will risk his life,
the lives of his family,
everything he holds dear
for the one thing he holds sacred....
the truth.
KEVIN COSTNER
AN OLIVER STONE FILM
JFK
The Story That Won't Go Away

JFK:

As the name suggests, this movie deals with the murder of John F Kennedy. An attorney Jim Gavison (Kevin Costner) sets out to uncover the mystery of the murder of JFK and is led to face the government, the CIA, the weapon manufacturers and the U.S of America. The film which discusses about the actual truth and the truth which is fed to common people, and mentions the futility and biased verdicts of the judiciary which abides to serve only the rich, this one is worth every second.

Others: Schindler's List

Well, these are the 10 movies I could think of, but there are plenty of others worth watching movies like Dead Poet's Society, Good Will Hunting etc. So if you need any suggestions, feel free to ask. Thank you.

Jacob Peace
Phase III/II, Advitiyas
ARTICLE

Picture Courtesy: Google.

Dr.Sourabh Joshi
INTERN, Agatyaz,
PHOTOGRAPHY

Santosh kannan
Phase III/II, Advitiyas
PHOTOGRAPHY

THE NO-BLE PROFESSION

I would like to convey my heartful thanks to our team and all my well wishers who supported and made our documentary possible.

Thinking of the ever rising assaultation on doctors keeps me asleep every night .I feel bad to show you the real incidents happened in our documentary NOBLE PROFESSION.

Medical Profession is now turning to dangerous profession.

In our documentary, we are showing the disasters that would happen in 2030 if the present rate of assaults on doctors continues. Here we showed some of the incidents about assaults on doctors in HIMS,Hassan ; SMS M C &H, Jaipur; SDH Kuchinde Hospital ,Sambalpur.....etc.

Here we also tried to show the causes and solutions for the evil deeds . I feel that the passionate medical aspirants are afraid to join MBBS because of ongoing assaultation on Doctors.

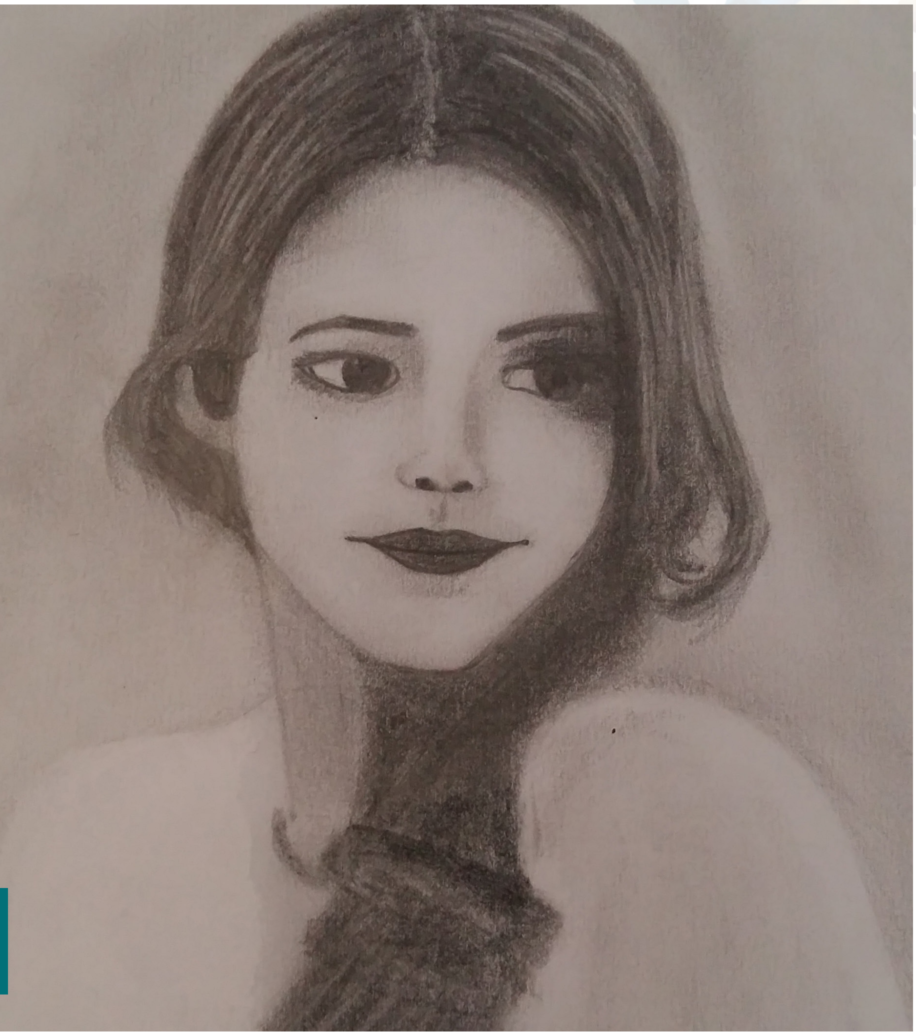
"LET US JOIN HANDS TOGETHER AND FIGHT AGAINST VOILANCE ON DOCTORS"

NOBLE PROFESSION

Click on the youtube Icon / Scan the QR code to watch the video.

Vamshi Krishna
Phase II, Atharvas
ARTICLE

Rakshith M Adiga
Phase III/II, Advitiyas
DIGITAL ART



Shreyas Kulkarni
Phase III/I, Avyukthas
ART WORK (pencil sketch)

STUDENT MAGAZINE

ಕನ್ನಡ ವಿಭಾಗ

ಕನ್ನಡ ವಿಭಾಗ

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241 ಗ್ರೂಪ್ - ಡಿ ಗಂಗಮ್ಮ
243 ನೆನಪಿನಂಗಳದಿಂದ
245 ಹೊತ್ತ ಕನಸು
246 ಐ.ಸಿ.ಯು ಕಥೆಗಳು
248 ನಾನು ಮತ್ತು ನನ್ನ ಪ್ರೀತಿ
250 ಡಾಕ್ಟರ್-ಆಕ್ಟರ್
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258 ಮಹಾಯುದ್ಧ ೩
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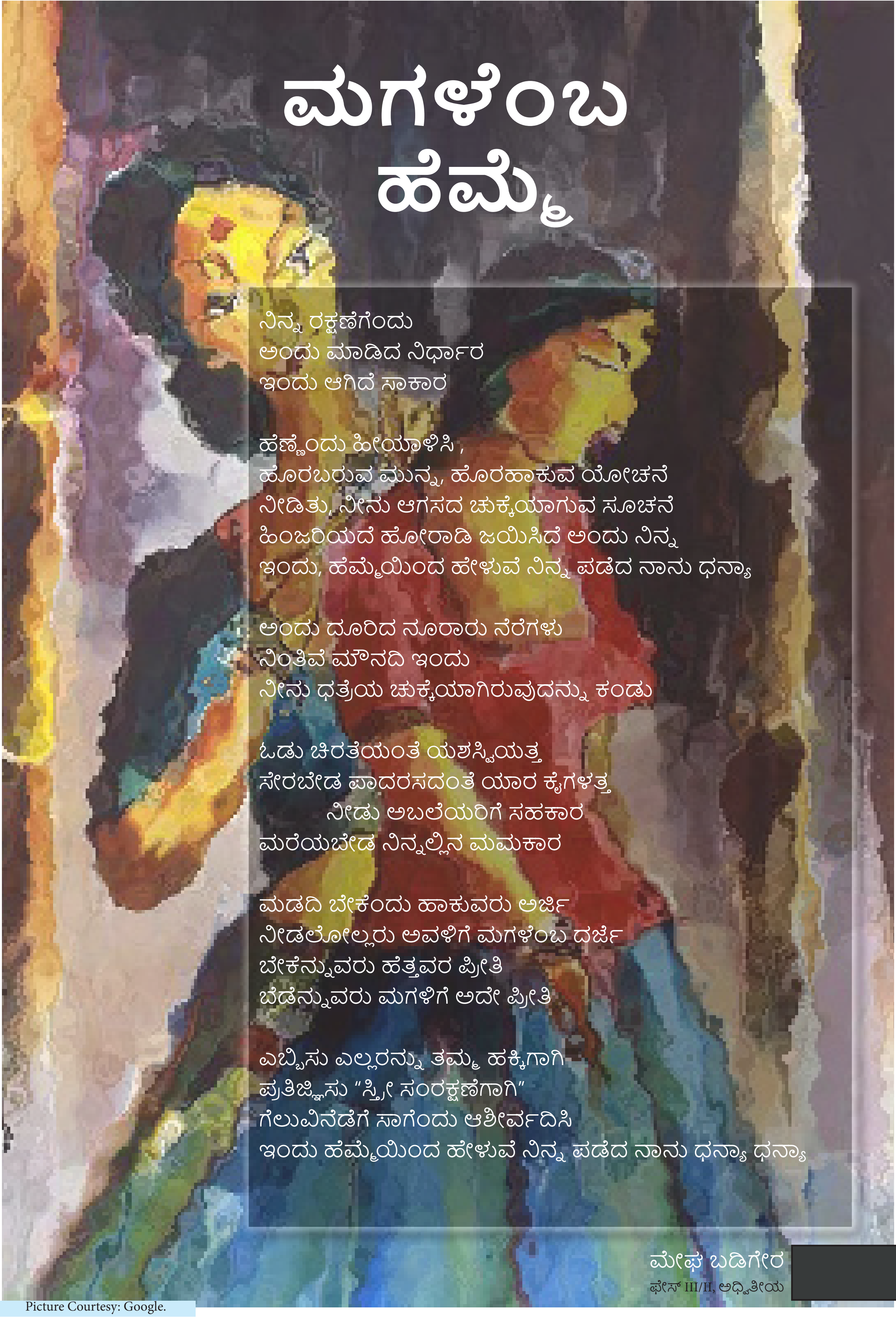
262 ನಿರ್ಲಕ್ಷ್ಯ
270 ನಂದೊಂದು, ಹೀಗೊಂದು
272 ಸೂರ್ಯಾಸ್ತ
272 ನೆರಳು
274 ಕಿರಿಕ್ Doctors
278 ದೂರ ಹೋದವನೇ
281 ತಿರುವು



Picture Courtesy: Google.

ಮಗಳೆಂಬ ಹೆಮ್ಮೆ

ನಿನ್ನ ರಕ್ಷಣೆಗೆಂದು
ಅಂದು ಮಾಡಿದ ನಿರ್ಧಾರ
ಇಂದು ಆಗಿದೆ ಸಾಕಾರ

ಹೆಣ್ಣೊಂದು ಹೀಯಾಳಿಸಿ ,
ಹೊರಬರುವ ಮುನ್ನ, ಹೊರಹಾಕುವ ಯೋಚನೆ
ನೀಡಿತು, ನೀನು ಆಗಸದ ಚುಕ್ಕೆಯಾಗುವ ಸೂಚನೆ
ಹಿಂಜರಿಯದೆ ಹೋರಾಡಿ ಜಯಿಸಿದೆ ಅಂದು ನಿನ್ನ
ಇಂದು, ಹೆಮ್ಮೆಯಿಂದ ಹೇಳುವೆ ನಿನ್ನ ಪಡೆದ ನಾನು ಧನ್ಯಾ

ಅಂದು ದೂರಿದ ನೂರಾರು ನೆರೆಗಳು
ನಿಂತಿವೆ ಮೌನದಿ ಇಂದು
ನೀನು ಧತ್ರೆಯ ಚುಕ್ಕೆಯಾಗಿರುವುದನ್ನು ಕಂಡು

ಓಡು ಚಿರತೆಯಂತೆ ಯಶಸ್ವಿಯತ್ತ
ಸೇರಬೇಡ ಪಾದರಸದಂತೆ ಯಾರ ಕೈಗಳತ್ತ
          ನೀಡು ಅಬಲೆಯರಿಗೆ ಸಹಕಾರ
ಮರೆಯಬೇಡ ನಿನ್ನಲ್ಲಿನ ಮಮಕಾರ

ಮಡದಿ ಬೇಕೆಂದು ಹಾಕುವರು ಅರ್ಜಿ
ನೀಡಲೋಲ್ಲರು ಅವಳಿಗೆ ಮಗಳೆಂಬ ದರ್ಜೆ
ಬೇಕೆನ್ನುವರು ಹೆತ್ತವರ ಪ್ರೀತಿ
ಬೆಡೆನ್ನುವರು ಮಗಳಿಗೆ ಅದೇ ಪ್ರೀತಿ

ಎಬ್ಬಿಸು ಎಲ್ಲರನ್ನು ತಮ್ಮ ಹಕ್ಕಿಗಾಗಿ
ಪ್ರತಿಜ್ಞಿಸು "ಸ್ತ್ರೀ ಸಂರಕ್ಷಣೆಗಾಗಿ"
ಗೆಲುವಿನೆಡೆಗೆ ಸಾಗೆಂದು ಆಶೀರ್ವದಿಸಿ
ಇಂದು ಹೆಮ್ಮೆಯಿಂದ ಹೇಳುವೆ ನಿನ್ನ ಪಡೆದ ನಾನು ಧನ್ಯಾ ಧನ್ಯಾ

ಮೇಘ ಬಡಿಗೇರ
ಫೇಸ್ III/II, ಅಧ್ವಿತೀಯ

ಗ್ರೂಪ್ - ಡಿ ಗಂಗಮ್ಮ

ಮಕ್ಕಳ ವಾರ್ಡ್ ನ ಗಂಗಮ್ಮ ಅಂದ್ರೆ ಆಸ್ಪತ್ರೇಗೆ ಚಿರಪರಿಚಿತ. ಆಕೆಯದು ದೊಡ್ಡ ಕೈ, ಮೈ ಮತ್ತು ಅದಕ್ಕಿಂತ ದೊಡ್ಡದು ಆಕೆಯ ಹೃದಯ.

ಸರಕಾರಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನವಜಾತ ಶಿಶುಗಳ ಸಂಖ್ಯೆ ವಾರ್ಡನ ಮಿತಿ ಮೀರಿರುವದೇ ಹೆಚ್ಚು. ಅದರಲ್ಲಿ ಮಗೂ ಬೇಡ ಅಂತ ಆಸ್ಪತ್ರೆಯಲ್ಲೇ ಬಿಟ್ಟು ಹೋದವರೊಂದಿಷ್ಟು ಕುಟುಂಬಗಳು. ಆ ಮಕ್ಕಳಿಗೆಲ್ಲ ತಾಯಿ ಈ ಗಂಗಮ್ಮನೇ. ಒಟ್ಟು ಆ ರೀತಿಯ ನಾಲ್ಕು ಮಕ್ಕಳು ಗಂಗಮ್ಮನನ್ನ ಯಾವಾಗಲೂ ಸುತ್ತುವರೆಯುತ್ತಿದ್ದವು. ಆ ಮಕ್ಕಳಿಗೆ ಸರಕಾರದ ಕಡೆಯಿಂದ ಯಾವ ಆದೇಶವೂ ಇಲ್ಲದ ಕಾರಣ ಅವು ಆಸ್ಪತ್ರೆಯಲ್ಲೇ ಬೆಳೆಯತೊಡಗಿದ್ದವು. ವಾರ್ಡ್ ನಲ್ಲಿ ಅವರೆಲ್ಲಿಗೂ ಸೇರಿ ಒಂದು ಮಂಚವಿತ್ತು. ಬೆಳಗ್ಗೆಯೆಲ್ಲಾ ಗಂಗಮ್ಮನ ಜೊತೆಯಲ್ಲಿ ವಾರ್ಡನಿಂದ ವಾರ್ಡ್ ಗೆ ತಿರುಗುವುದು, ಅವಳ ಜೊತೆ ಕೂತು ಆಸ್ಪತ್ರೆಯ ಊಟವನ್ನೇ ತಿನ್ನುತ್ತಾ ಕೆಲವೊಮ್ಮೆ ಗಂಗಮ್ಮನ ಮೇಲೆ ಕೂಸುಮರಿ ಮಾಡುತ್ತಾ ಒಟ್ಟಿನಲ್ಲಿ ಅವರ ಮತ್ತುಗಂಗಮ್ಮನ ಜೀವನ ನಿರಾತಂಕವಾಗಿ ನಡೆದಿತ್ತು. ಮೆಡಿಕಲ್ ವಿದ್ಯಾರ್ಥಿಗಳು ಪ್ರತಿದಿನ ಚಾಕೊಲೇಟ್, ಬಿಸ್ಕತ್ತು, ಹೀಗೆ ಹೊರಜಗತ್ತಿನ ತಿನಿಸುಗಳನ್ನು ತಂದು ಕೊಡುತ್ತಿದ್ದರು. ಗಂಗಮ್ಮನೇ ಅವುಗಳಿಗೆಲ್ಲಾ ಹೆಸರಿಟ್ಟಿದ್ದಳು. ಒಮ್ಮೊಮ್ಮೆ ಹಬ್ಬಕ್ಕೆ ಮನೆಗೆ ಕರೆದೊಯ್ದು ಎಣ್ಣೆ ನೀರು ಹಾಕಿ, ಹೊಸಬಟ್ಟೆ ಉಡಿಸಿ, ಊಟದ ನಂತರ ಪೇಟೆಗೆ ಕರ್ಕೊಂಡು ಹೋಗಿ ಅವರ ಇಷ್ಟದ ಆಟಿಕೆ ಕೊಡಿಸುತ್ತಿದ್ದಳು. ಎಷ್ಟೋ ಸರತಿ ಅಷ್ಟು ಮಕ್ಕಳನ್ನ ನನಗೇ ಕೊಡಿ ನಾನೇ ಸಾಕುತ್ತೇನೆ ಎಂದು ಅರ್ಜಿ ಹಾಕಿದ್ದೂ ಉಂಟು. ಆದರೆ ಸರಕಾರ ಯಾವ ಆಸಕ್ತಿಯನ್ನೂ ತೋರಲಿಲ್ಲ. ವಾರ್ಡ್ ನಲ್ಲೂ ಗಂಗಮ್ಮ ಎಲ್ಲರಿಗೂ ಬೇಕಾದವಳೇ. ಹೊಸ ತಾಯಂದಿರಿಗೆ ಹಾಲು ಕುಡಿಸುವ, ಮಗುವನ್ನು ಎತ್ತುವ, ಮಲಗಿಸುವ ವಿಧಾನವನ್ನೆಲ್ಲಾ ಇವಳೇ ಹೇಳುತ್ತಿದ್ದಳು. ಕೆಲವೊಮ್ಮೆ ಬೈದು ಜಾಡಿಸಿ ತಿಳಿಸುತ್ತಿದ್ದಳು.ಕೆಲವರಿಗೆ ಅಮ್ಮ, ಕೆಲವರಿಗೆ ಅತ್ತೆ, ಅಕ್ಕ ಹೀಗೆ ಹಲವು ಪಾತ್ರಗಳಲ್ಲಿ ಗಂಗಮ್ಮ ತೂರುತ್ತಿದ್ದಳು. ಇನ್ನೆರಡು ತಿಂಗಳಲ್ಲಿ ಗಂಗಮ್ಮನ ರಿಟೈರ್ಮೆಂಟ್ ಇತ್ತು. ಆಕೆಯ ವರ್ತನೆಯಲ್ಲಿ ಬದಲಾವಣೆ ತೋರುತ್ತಿತ್ತು. ಸಣ್ಣ ಸಣ್ಣ ಕಾರಣಗಳಿಗೂ ಸಿಡಿಯುತ್ತಿದ್ದಳು, ತಾಳ್ಮೆಯಿಂದಿದ್ದವಳು ಜಗಳಕ್ಕೆ ನಿಂತುಬಿಡುತ್ತಿದ್ದಳು. ಮಂಕಾಗಿ ಕೂತುಬಿಡುತ್ತಿದ್ದಳು. ಎಲ್ಲರೂ ರಿಟೈರ್ ಮೆಂಟ್ ಬೇಜಾರಿರಬೇಕು ಎಂದುಕೊಂಡು ಸುಮ್ಮನಾದರು.

ಅಂತೂ ಆ ಬೇಡದ ದಿನ ಬಂದೇಬಿಟ್ಟಿತು. ಅವಳಿಗೆ ಶಾಲು ಹೊದೆಸಿ, ಹಣ್ಣುಕಾಯಿ ತಟ್ಟೆ ಕೈಗಿತ್ತು, ಆಕೆಯ ಬಗ್ಗೆ ಒಳ್ಳೆಯ ಮಾತಾಡುತ್ತಿರುವಾಗ ಗೋಳೋ ಎಂದು ಅತ್ತೇ ಬಿಟ್ಟಳು. ಆ ಮಕ್ಕಳಿಗೆ ಏನು ನಡೆಯುತ್ತಿದೆ ಎಂದು ತಿಳಿಯದೆ ಅವಳನ್ನೇ ಎವೆಯಿಕ್ಕದೆ ನೋಡುತ್ತಿದ್ದವು. ಆಕೆ ಅತ್ತಿದ್ದು ಆ ಮಕ್ಕಳ ಸಲುವಾಗಿ ಎಂದು ಕೆಲವರಿಗಷ್ಟೇ ತಿಳಿದಿತ್ತು. ಕಾರ್ಯಕ್ರಮ ದ ನಂತರ ಅವಳಿಗೆ ಮಾಡಿದ ಯಾವ ಸಮಾಧಾನವೂ ಫಲಕಾರಿಯಾಗಲಿಲ್ಲ. ಮಾರನೆಯ ದಿನ ಗಂಗಮ್ಮನಿಲ್ಲದ ವಾರ್ಡ್ ಬಿಕೋ ಎನ್ನ ತೊಡಗಿತು. ಆ ಮಕ್ಕಳು ಬಾಗಿಲನ್ನೇ ನೋಡುತ್ತಾ *ಅವ್ವ ಬರಲ್ಲೇನ್ರಿ?*ಅಂತ ಕೇಳ್ತಿದ್ರೆ , ಎಲ್ಲರೂ ಮುಖ ಮರೆಸಿ ಹೋಗೋರೆ. ಇನ್ನೆರಡು ವಾರಗಳಲ್ಲಿ ಆ ಮಕ್ಕಳ ಸ್ಥಿತಿ ತೀರಾ ಹದಗೆಟ್ಟಿತು. ಊಟ ಸೇರದೆ, ರಾತ್ರಿ ನಿದ್ದೆ ಬಾರದೆ, ಚೀರಿ ಬೆಚ್ಚಿ ಬಿದ್ದದ್ದೂ ಉಂಟು. ಗಂಗಮ್ಮನ ಅತಾ ಪತಾ ಯಾರಿಗೂ ತಿಳಿದಿರಲಿಲ್ಲ. ಗಂಡನನ್ನು ಕಳೆದುಕೊಂಡು ಹಲವು ವರ್ಷಗಳಾಗಿದ್ದವು. ಮಗನ ಮದುವೆ ನಂತರ ಬಾಂಬೆಗೆ ಹೋದವನು ಬಂದೇ

ಇರಲಿಲ್ಲ. ಆ ಎಲ್ಲಾ ಕೊರಗನ್ನು ಈ ಕಂದಮ್ಮಗಳು ತೀರಿಸಿದ್ದವು. ಈಗ ಈ ಪುಟಾಣಿಗಳ ಕೊರಗನ್ನು ಕೇಳಲು ಆಕೆಯೇ ಇಲ್ಲ. ಒಂದು ಭಾನುವಾರ ಆ ಮಕ್ಕಳು ವಾರ್ಡನಲ್ಲೇ ಕಾಣಿಸಲಿಲ್ಲ. ಆಸ್ಪತ್ರೆಯ ವೈದ್ಯಾದಿಕಾರಿ ಗಾಬರಿಗೊಂಡು ಸರಕಾರಕ್ಕೆ ಏನು ಹೇಳುವುದು ಎಂದು ತೋಚದೆ ವಿಷಯವನ್ನು ಮುಚ್ಚಿಟ್ಟರು. ಎಲ್ಲರೂ ಪಾಪ *ಗಂಗೀಗೆ ಕೊಟ್ಟಿದ್ದರೆ ಚಿನ್ನದಂಗೆ ಸಾಕಿರೋಳು. ಅನಾಥ ಮಕ್ಕಳು ಅಂತ ಎಲ್ಲರಿಗೂ ಗೊತ್ತಿತ್ತು, ಯಾರೋ ಏನೋ ಆಸೆ ತೋರಿಸಿ ಕರಕೊಂಡು ಹೋಗಿದಾರೆ. ಈಗಿನ ಕಾಲದಲ್ಲಿ ಮಕ್ಕಳನ್ನ ಯಾತ್ಯಾತಕ್ಕೋ ಬಳಸ್ತಾರಂತೆ, ಬೇರೆ ದೇಶಗಳಿಗೆ ರಫ್ತು ಮಾಡ್ತಾರಂತೆ.. ಪಾಪ..* ಅಂತೆಲ್ಲಾ ಮಾತನಾಡಲು ಶುರು ಮಾಡಿದರು. ಅಧಿಕಾರಿಗಳು ಉಪಾಯವಾಗಿ ಆ ಮಕ್ಕಳು ಖಾಯಿಲೆಯಿಂದ ಸತ್ತವು ಎಂದು ದಾಖಲೆಗಳನ್ನಿತ್ತು ಕಾನೂನಿನ ಕಣ್ಣಿನಿಂದ ಬಚಾವಾದರು. ಹೀಗೆ ದಿನಗಳುರುಳಿದಂತೆ ಈ ವಿಷಯ. ಎಲ್ಲರ ಮನಸಿನಿಂದ ಮರೆಯಾಯಿತು. ಹತ್ತುವರುಷಗಳೇ ಕಳೆದಿರಬೇಕು. ಬೆಂಗಳೂರಿನ ಮಲ್ಲೇಶ್ವರಂ ಮಾರ್ಕೆಟ್ನಲ್ಲಿ ಗಂಗಮ್ಮ ಸಿಕ್ಕಳು. ನಾನೇ ಗುರುತಿಸಿ ಮಾತಾನಾಡಿದೆ. ಆ ಮಕ್ಕಳ ಬಗ್ಗೆ ಒಂದೂ ಮಾತೇ ಆಡಲಿಲ್ಲ. ಕೊನೆಗೇ ನಾನೆ ನಡೆದ ವಿಷಯ ತಿಳಿಸಿದೆ. ಆಕೆ ಸುಮ್ಮನೆ ಕೇಳಿ ಹೊರಟು ಹೋದಳು. ಬೇಜಾರಾಗಿರಬೇಕು ಎಂದುಕೊಂಡು ಸುಮ್ಮನೆ ಮನೆ ಕಡೆ ಹೊರಡಲು ಕಾರಲ್ಲಿ ಕುಳಿತು, ಗ್ಲಾಸ್ ಏರಿಸಿ ಆಕೆಯ ವಿಷಯವನ್ನೇ ಯೋಚಿಸುತ್ತಾ ರಸ್ತೆಯ ತಿರುವಲ್ಲಿ ತಿರುಗಿಸುತ್ತಿದ್ದಾಗ ಗಂಗಮ್ಮ ಅಂಗಡಿಯ ಮುಂದೆ ಏನೋ ಖರೀದಿಸುತ್ತಿದ್ದಳು. ಏನೋ ಹಟ ಮಾಡುತ್ತಾ ಇಬ್ಬರು ಮಕ್ಕಳು ಸೀರೆ ಜಗ್ಗುತ್ತಿದ್ದರು. ಇನ್ನಿಬ್ಬರು ಆಕೆಯ ಕೈ ಚೀಲ ಹಿಡಿದು ನಿಂತಿದ್ದರು. ಆಕೆ ನನ್ನ ನೋಡಿ ಆ ನಾಲ್ಕೂ ಮಕ್ಕಳನ್ನ ಕಣ್ಣಲ್ಲೇ ಸನ್ನೆ ಮಾಡಿ ತೋರಿಸಿ ಕೈ ಮುಗಿದಳು. ನನ್ನ ಮುಖದಲ್ಲಿ ಆಶ್ಚರ್ಯ, ಆನಂದ ಹಾಗೂ ಗಂಗಮ್ಮನ ಎದೆಗಾರಿಕೆಗೆ ಮೆಚ್ಚುಗೆಯಿತ್ತು. ಸದ್ದಿಲ್ಲದೆ ಅನಾಥ ಮಕ್ಕಳನ್ನು ತನ್ನದಾಗಿಸಿಕೊಂಡಿದ್ದಳು. ಸರಕಾರದ ಬೇಜವಾಬ್ದಾರಿತನಕ್ಕೆ ಉತ್ತರಿಸಿದ್ದಳು. ತನ್ನ ಜೀವನದ ಸಾರ್ಥಕತೆಯನ್ನು ಕಂಡುಕೊಂಡಿದ್ದಳು. ನಮ್ಮ *ವಿದ್ಯೆಗೆ, ದುಡ್ಡಿಗೆ, ಅಧಿಕಾರಕ್ಕೆ ಸವಾಲೆಸೆದು ಮಾನವೀಯತೆಯ ಗೆಲ್ಲಿಸಿದ್ದಳು.

ಡಾ.ಅಶ್ವಿನಿ ರಾಮಸ್ವಾಮಿ
Asst professor
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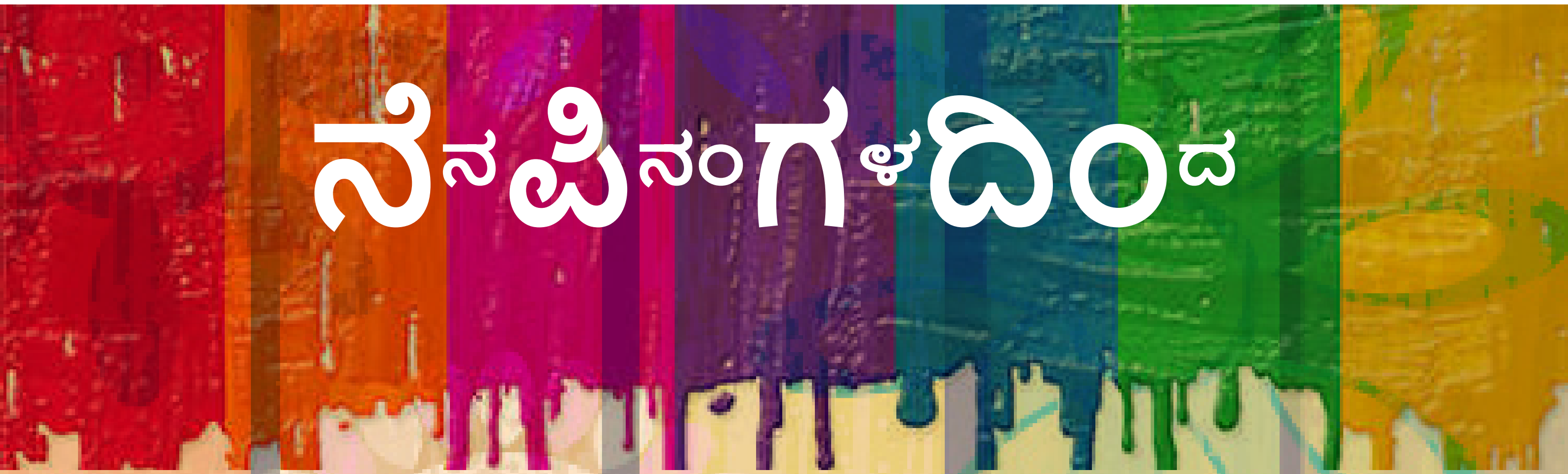

ನೆನಪಿನಂಗಳದಿಂದ

ಹತ್ತಿದೆವು ಮೆಟ್ಟಿಲು ಸಾಧಿಸುವ ಕನಸು ಹೊತ್ತು
ಶವ ಶರೀರ ರಕ್ತ ಮೂತ್ರ ಪರೀಕ್ಷೆಯ ಸುತ್ತು
ಪ್ರತಿ ರಾತ್ರಿಯ KIMS ಗೀತೆ ನಮಸ್ಕಾರಗಳ ಹರ್ಷ
ಶುರುವಾಗಿತ್ತು ನವ ಜೀವನದ ಪ್ರಥಮ ವರ್ಷ

ಅಂಗಾಂಶ ರಚನೆಗಿಂತ ಸ್ಲೈಡ್ ಮೇಲಿನ ನಂ ನೆನಪಿಟ್ಟ ರೀತಿ
ಏನೂ ಓದದೆ ಮೊಬೈಲ್ ಬಳಸಿ ಕಾಪಿ ಮಾಡಿಸಿದ ನಿಯತಿ
ಅತ್ಯಾಸಕ್ತಿಯ Forensic ನ sexual offences
ಎಷ್ಟು ಓದಿದರೂ ನೆನಪುಳಿಯದ cephalosporins
ಮಧುಚಂದ್ರ ಕಾಲದ ಆ ಪ್ರವಾಸ ಆಟ ಚಿತ್ರ ವಿಚಿತ್ರಗಳು
ಅವುಗಳ ನಡುವೆ ಪಿಶಾಚಿಗಳಂತೆ ಅರಸಿ ಬಂದ ಪರೀಕ್ಷೆಗಳು

ನಿದ್ರೆ ತರುವ ರೋಗ ಪ್ರತಿಬಂಧಕ ಶಾಸ್ತ್ರದ ಕ್ಲಾಸ್ಸುಗಳು
ಪರೀಕ್ಷೆ ಕಾಲ ಮಾತ್ರ ಚುರುಕಾಗುವ ಕಣ್ಣು ಕಿವಿ ಮೂಗುಗಳು
ಹಾಸ್ಟೆಲ್ ನ ಮಧ್ಯರಾತ್ರಿಯ ಹರಟೆ ಚಿತ್ರ ಧಾರಾವಾಹಿಗಳು
ಪ್ರಬುದ್ಧತೆಯ ನೆಪದಲ್ಲಿ ಮರೆಯಾದ ಮುಗ್ಧ ಮನಸ್ಸುಗಳು

ಪಾಸ್ ಫೇಲಿನ ಭಯದಲ್ಲೇ ಆರಂಭವಾದ ಅಂತ್ಯದ ಆದಿ
ಛೇದಿಸುತ ಶರೀರ ಗ್ರಹಿಸುತ ಹೃದಯ ಬಡಿತ ಪ್ರಸೂತಿ ಮೊದಲಾದಿ
History examination case presentation ಗಳಾದಿಯಾಗಿ
ಭಾರಿ ಪಠ್ಯಕ್ರಮ internalಗಳ ನಡುವೆ ಗ್ರಂಥಾಲಯವು ಮನೆಯಾಗಿ
ಎಲ್ಲ ಮೀರಿ ಬೆಳೆದೆವು ಜೀವ ಉಳಿಸುವ ನೋವು ಶಮಿಸುವ ವೈದ್ಯರಾಗಿ

ಜೀವಮಾನದಲ್ಲಿ ಮರೆಯಲಾಗದ 'ಆ ದಿನಗಳು'
ಸ್ಮೃತಿಪಟಲದಲ್ಲಿನ 'ನೆನಪಿನಂಗಳದ ಕನಸುಗಳು'
ಈ ಎಲ್ಲ ನೆನಪೆ ಸಾಕು ಬದುಕಲು ಮುಂದೆ ಸಾಗಲು
ಮುಂದೊಮ್ಮೆ ನೆನಪಿನ ಹಾಳೆ ಕೆದುಕಲು ಕಣ್ಮುಚ್ಚಿ ಮುಗುಳ್ನಗಲು.

ಡಾ· ಮಾರುತಿ ಹರನಳ್ಳಿ
ಇಂಟರ್ನ್, ಟ್ರೋಎರ್ಝುಅನ್

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Sughosh Mutalik
Phase II, Atharvas
PHOTOGRAPHY

ಹೊತ್ತ ಕನಸು

ಕಂಡ ಕನಸು, ಇಟ್ಟ ಗುರಿ
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ಡಾ. ಬಸವರಾಜ ನಾರೆಗಲ್
ಇಂಟರ್ನ್ ,ಅಗಸ್ತ್ಯ

ಐ.ಸಿ.ಯು ಕಥೆಗಳು

ಐದಾರು ವರ್ಷಗಳ ಹಿಂದೆ ನಡೆದದ್ದು. ನೆನೆದರೆ ಈಗಲೂ ಮನಸ್ಸು ಕುದ್ದು ಬೆಂದಂತಾಗುತ್ತದೆ. ಐಸಿಯು ನಲ್ಲಿ ನನ್ನ ನೈಟ್ ಶಿಫ್ಟ್ ಇತ್ತು. ಆದಿನ ಸ್ವಲ್ಪ ಬೇಗನೇ ಬಂದು ಡ್ಯೂಟಿ ಛಾರ್ಜ್ ತೆಗೆದುಕೊಂಡೆ. ಏಳು ಬೆಡ್ಗಳಲ್ಲಿ ಮೂರು ಬೆಡ್ ಖಾಲಿ ಇತ್ತು. ಇನ್ನು ನಾಲ್ಕು ಬೆಡ್ ರೋಗಿಗಳು ವೆಂಟಿಲೇಟರ್ ಸಹಾಯವಿಲ್ಲದೆ ಉಸಿರಾಡುತ್ತಿದ್ದು, ಅರಾಮಾಗಿ ನಿದ್ರಿಸುತ್ತಿದ್ದರು. ಎಲ್ಲರ ಔಷಧದ ಬಗ್ಗೆ ವಿಚಾರಿಸಿ ಅಲ್ಲೇ ಚೇರ್ ಮೇಲೆ ಕುಳಿತು ಏನೋ ಬರೆಯತೊಡಗಿದೆ. ಅಷ್ಟರಲ್ಲಿ ಎಮರ್ಜನ್ಸಿ ವಾರ್ಡ ನಿಂದ ಫೋನ್ನಲ್ಲಿ ಎರಡು ಪೇಶೆಂಟ್ ಗಳನ್ನು ಒಮ್ಮೆಲೇ ಐಸಿಯು ಗೆ ರವಾನಿಸುವ ಸುದ್ದಿ ಕೇಳಿ, ವೆಂಟಿಲೇಟರ್, ಮಾನಿಟರ್ ಎಲ್ಲಾ ಸರಿಪಡಿಸಲು ಸೂಚನೆಯಿತ್ತೆ.

ಐದು ನಿಮಿಷದಲ್ಲಿ ಇಬ್ಬರು ಹೆಣ್ಣುಮಕ್ಕಳು ಉಸಿರಾಟಕ್ಕೆ ಒದ್ದಾಡುವ ಸ್ಥಿತಿ ಯಲ್ಲಿ ಸ್ಟ್ರೆಚರ್ ಮೇಲೆ ರವಾನಿಸಲ್ಪಟ್ಟರು. ತಕ್ಷಣಕ್ಕೆ ಇಬ್ಬರಿಗೂ ಕೃತಕ ಉಸಿರಾಟದ ಯಂತ್ರವನ್ನು ಅಳವಡಿಸಿ, ಅವರಿಗೆಂದು ಬರೆದ ಆರ್ಡರ್ ಗಳನ್ನು ಪೂರೈಸುವಲ್ಲಿ ಎರಡು ತಾಸು ಬೇಕಾಯಿತು. ಆ ಹೆಣ್ಣುಮಕ್ಕಳ ಜೊತೆಯಲ್ಲಿ ಯಾರು ಬಂದಿದ್ದಾರೆ ಎಂದು ಕೇಳಿದಾಗ ಅವರ ತಂದೆ ತಾಯಿ ನನ್ನ ಮುಂದೆ ಬಂದು ನಿಂತರು.

ಅವರಿಬ್ಬರೂ ಗರ್ಭಿಣಿಯರು, ಒಬ್ಬಳಿಗೆ ಎಂಟು ತಿಂಗಳು ಮತ್ತೊಬ್ಬಳಿಗೆ ಐದು ತಿಂಗಳು. ಇಬ್ಬರೂ ಅಕ್ಕ ತಂಗಿಯರು ಹಾಗೂ ಒಂದೇ ಮನೆಗೆ, ಅಣ್ಣ ತಮ್ಮಂದಿರಿಗೆ ಮದುವೆ ಮಾಡಿಕೊಟ್ಟಿದೆಯಂದು ತಿಳಿದು ಬಂತು. ಮನೆಯಲ್ಲಿ ಯಾವ ಗಲಾಟೆಗೋ ಏನೋ ಇಬ್ಬರೂ ವಿಷ ಕುಡಿದು ಆತ್ಮಹತ್ಯೆ ಗೆ ಪ್ರಯತ್ನಿಸಿದ್ದರು. ಅವರ ಸ್ಥಿತಿ ಈಗಲೂ ಗಂಭೀರವಾಗಿತ್ತು.

ತಂದೆಯ ಮೌನ, ತಾಯಿಯ ಮಡುಗಟ್ಟಿದ ದುಃಖ ದ ಮುಖ ಯಾರಿಗಾದರೂ ಭಾವನೆಯನ್ನು ಕಲಕದೆ ಬಿಡುವಂತಿರಲಿಲ್ಲ. ಅವರಿಗೆ ಏನು ಸಮಾಧಾನ ಮಾಡುವುದೆಂದು ಹೊಳೆಯದೆ ಅವರ ಕೈ ಹಿಡಿದು, ನೋಡೋಣ ನಮ್ಮ ಪ್ರಯತ್ನ ನಡೆದೇ ಇದೆ ಎಂದು ಸುಮ್ಮನಾಗಿದ್ದೆ.

ಬೆಳಗ್ಗೆ ಯಥಾಪ್ರಕಾರ ನನ್ನ ಕರ್ತವ್ಯ ಮುಗಿಸಿ ಹೊರಡುತ್ತಿದ್ದಂತೆ, ಅವರಿಬ್ಬರ ತಾಯಿ ನನ್ನ ಬಳಿ ಓಡಿಬಂದು “ ನನ್ನ ಮಕ್ಕಳು ಉಳಿಯಬೇಕು ನನ್ನ ತಪ್ಪಿಗೆ ಕ್ಷಮೆ ಕೇಳಬೇಕು” ಎಂದು ಬೇಡಿಕೊಂಡಳು.

ಏನೂ ತಿಳಿಯದೆ, ಅವರಿಗೆ ಅರಿವು ಬಂದ ಕೂಡಲೆ ನಿಮ್ಮನ್ನು ಕರೆಯುತ್ತಾರಮ್ಮ ಆಗ ಮಾತಾನಾಡಿ ಎಂದು ಹೊರಟೆ.

ನಮ್ಮ ವೃತ್ತಿ ಯಲ್ಲಿ ಈ ರೀತಿಯ ರೋಗಿಗಳು ಹಲವರು. ಭಾವಾನಾತ್ಮಕವಾಗಿ ಸ್ಪಂದಿಸಲು ಆಗದೇ ಒಂದು ಥರಾ ಮಂಜುಗಟ್ಟಿದ ಹೃದಯವುಳ್ಳ ಜೀವಗಳಾಗಿರುತ್ತೇವೆ. ನಮ್ಮ ಮನೆಯವರಿಗೇ ಏನಾದರು ಆದರೆ ಪ್ರಾಕ್ಟಿಕಲ್ ಆಗಿ ವ್ಯವಹರಿಸಿ, ಭಾವನೆಗಳಿಲ್ಲದ ಕಮಂಗಿಗಳು ಎಂದೆಲ್ಲಾ ನಾಮಂಕಿತವಾಗಿರುತ್ತದೆ. ಆದರೂ ಮಧ್ಯಾಹ್ನದಲ್ಲಿ, ಆ ತಾಯಿ ತನ್ನ ಕ್ಷಮೆ ಬಗ್ಗೆ ಮಾತನಾಡಿದ್ದು ಆಶ್ಚರ್ಯ ವೆನಿಸಿತು. ರಾತ್ರಿ ಏಳು ಘಂಟೆಗೆ ಐಸಿಯುಗೆ ಬಂದಾಗ ಅದೇ ದೀನ ರೀತಿಯ ಕಣ್ಣುಗಳ ಹೊತ್ತ ಆ ತಂದೆ ತಾಯಿ ಇದಿರುಗೊಂಡರು. ಒಳಗೆ ನೋಡಿದರೆ ಆ ಅಕ್ಕತಂಗಿಯರ ಸ್ಥಿತಿ ಇನ್ನೂ ಹದಗೆಟ್ಟಿತ್ತು. ವಿಷಾದ, ಹತಾಶೆ ಇವೆರಡರ ನಡುವೆ ಆ ಮಾನಿಟರ್ ಗಳನ್ನೇ ನೋಡುತ್ತಿದ್ದಾಗ ಆಕೆಯ ನೋಡಲು ಗಂಡನ ಮನೆಯ ಕೆಲಸದಾಕೆ ಬಂದಿದ್ದಳು. ಅವಳು ಯಾರಿಗೂ ಗೊತ್ತಾಗಬಾರದೆಂದು ರಾತ್ರಿ ಬಂದಿದ್ದಳು. “ಅಯ್ಯೋ ಮೇಡಂ, ಇವರೇ ಕುಡಿಯುತ್ತಾರೆಂದು ತಿಳಿದಿದ್ದರೆ, ನಾನು ಹೆಗ್ಗಣದ ಪಾಷಾಣ ತಂದು ಕೊಡುತ್ತಲೇ ಇರಲಿಲ್ಲ. ನನ್ನಿಂದಲೇ ಇವರ ಈ ಸ್ಥಿತಿ” ಎಂದು ಕಣ್ಣೀರಿಟ್ಟಳು. ಬಹುಷ ಅವರಿಬ್ಬರಿಗೆ ಈಕೆ ಹತ್ತಿರದವಳೇನೋ ಎಂದೆನಿಸಿ, ವಿಷ ಕುಡಿಯಲು ಕಾರಣ ಕೇಳಿದಾಗ, ಮನೆಯಲ್ಲಿ ಅವರತ್ತೆಯದು ದಿನನಿತ್ಯ ಕಾಟ, ಹಣಕ್ಕಾಗಿ ರಂಪ, ಗಂಡಂದಿರ ಕೈಯಿಂದ ಕಿರುಕುಳ, ಸೌದೆಕೋಲಿಂದ ಹೊಡೆಯುವುದು, ಚಾಕುವಿನಿಂದ ಗೀರುವುದು. ಗರ್ಭಿಣಿಯರು ಎಂದು ತಿಳಿದ ಮೇಲಂತೂ ಇನ್ನೂ ಕಾಟ ಜಾಸ್ತಿಯಾಗಿತ್ತು ಎಂದಳು. ಅವರ ತಂದೆತಾಯಿಯರಿಗೆ ಹೇಳಿದಾಗ ಅವರು, *ಕೊಟ್ಟ ಹೆಣ್ಣು ಕುಲಕ್ಕೆ ಹೊರಗು ಅಂತ ಹೇಳಿ,* *ಹೇಗೋ ಹೊಂದಿಕೊಂಡು ಹೋಗು* ಅಂತ ಅವರ ತಾಯಿ

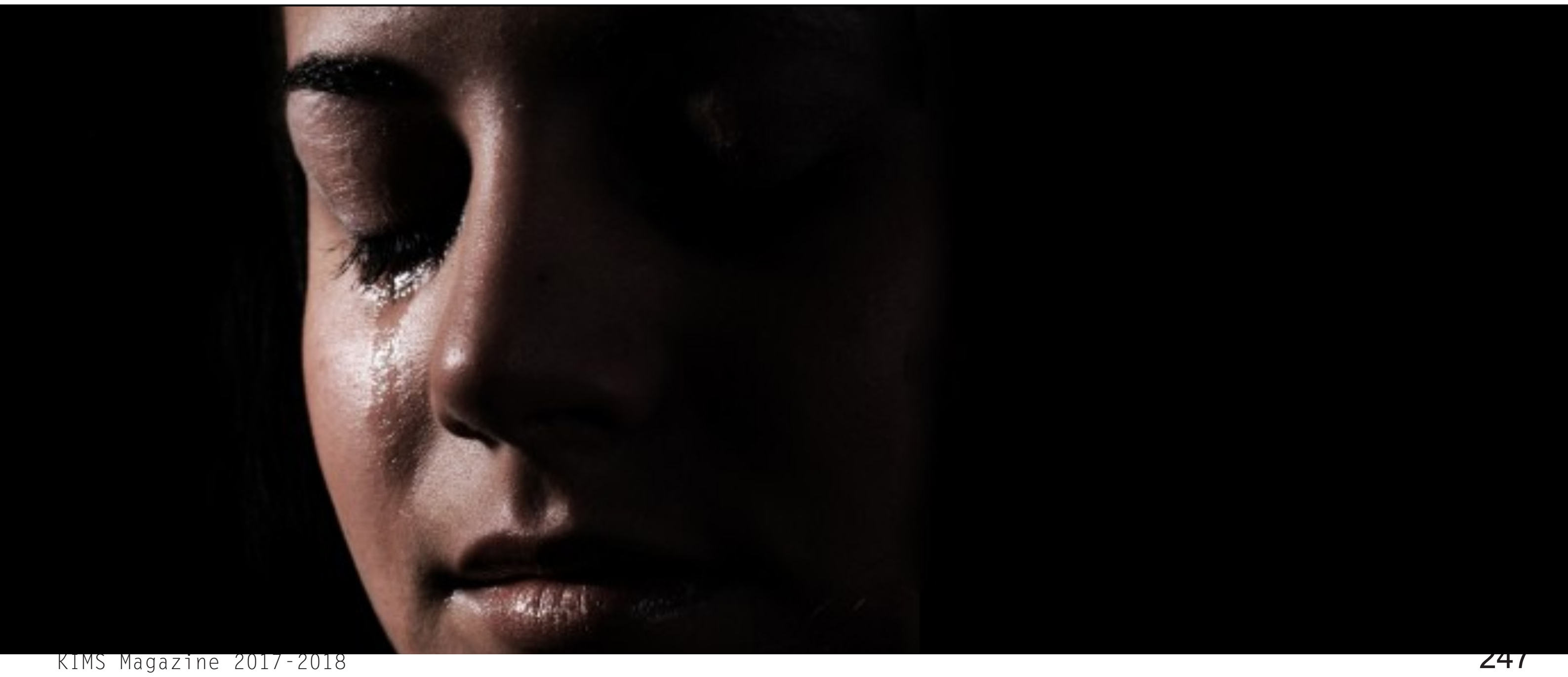
ಹೇಳಿದಳಂತೆ. ಅವರ ಹಣೆಬರಹ ಸರಿಯಿಲ್ಲ ಬಿಡಿ. ಅಂತ ಹೇಳಿ ಹೊರಟು ಹೋದಳು.

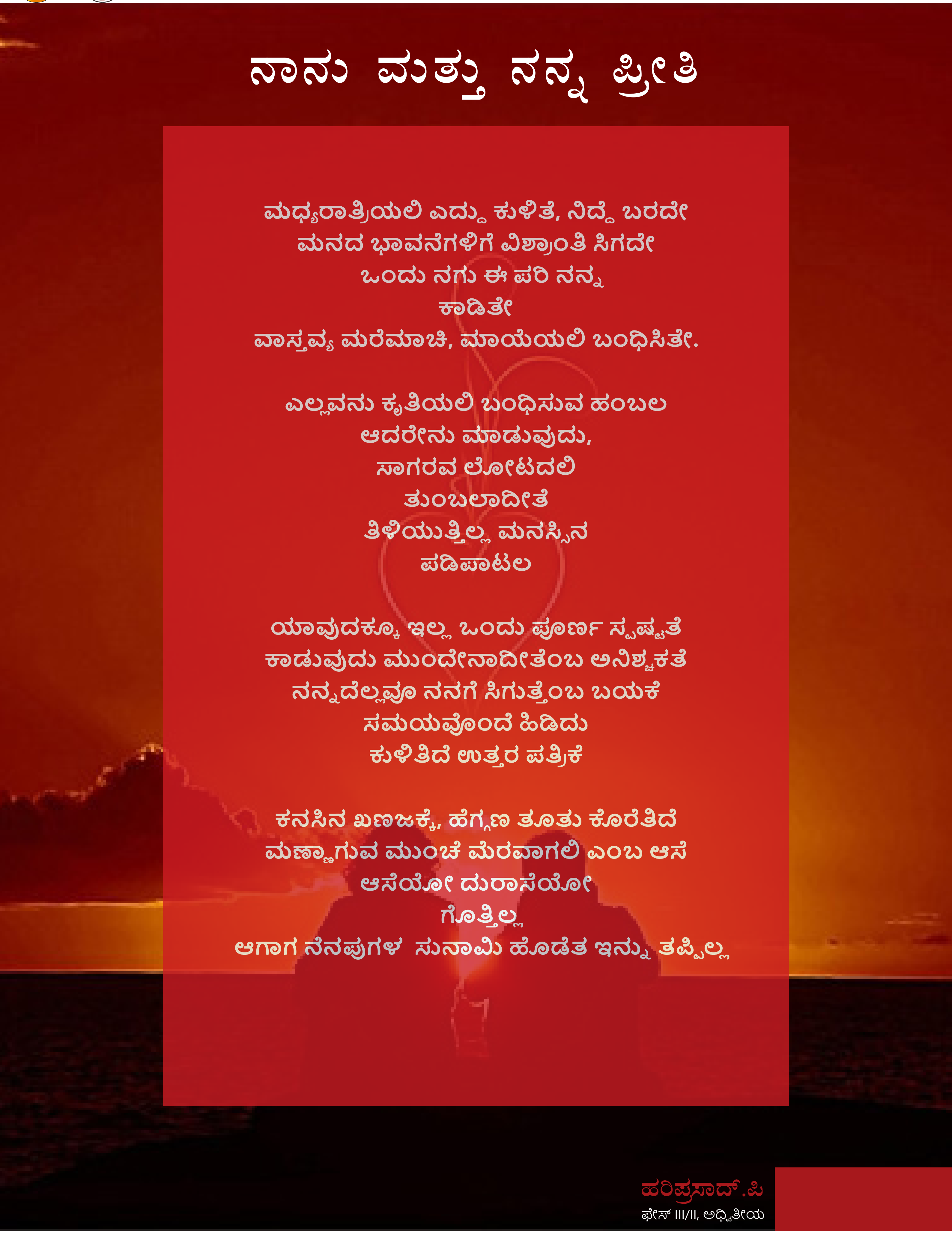
ರಾತ್ರಿಯೆಲ್ಲಾ ಆಕೆ ಹೇಳಿದ್ದೇ ಕಣ್ ಮುಂದೆ ಬರುತ್ತಿತ್ತು. ಯಾವ ರೀತಿಯ ಒಂಟಿತನ ಕಾಡಿರಬಹುದು, ತಾಯಿಯೇ ಜೊತೆಯಿಲ್ಲದಿದ್ದರೆ ಯಾವ ರೀತಿ ಒದ್ದಾಡಿರಬಹುದು ಆ ಮಕ್ಕಳು, ಕನಸು ಕಟ್ಟುವ ವಯಸ್ಸಲ್ಲಿ ಸಾಯುವ ಯೋಚನೆ ಬರುವಷ್ಟು ಹಿಂಸೆಯಾಯಿತೆ?. ತಕ್ಷಣ ಎದ್ದು ತಾಯಿಯ ಎಡೆಗೆ ನಡೆದೆ. ಹೊರಗೆ ಅದೇ ಸೀರೆಯಲ್ಲಿ ತಾಯಿ ಮಂಕಾಗಿ ಕುಳಿತಿದ್ದಳು. ನನ್ನ ಕಂಡ ಕೂಡಲೆ ಮಗಳಿಗೆ ಪ್ರಜ್ಞೆ ಬಂತೇನೋ ಎಂದು ಓಡಿ ಬಂದಳು. ಸಿಟ್ಟು ಉಕ್ಕಿ ಬರುತಿತ್ತು, ಆದರೆ ಏನೆಂದು ಕೇಳಲಿ? ನಿನ್ನದೇ ತಪ್ಪೆಂದು ಆ ತಾಯಿಗೆ ನಾನೂ ಹೇಳಿ ಅವರಿಬ್ಬರಿಗೆ ಪ್ರಜ್ಞೆ ಬಾರದೆ ಹಾಗೇಯೆ ಸತ್ತರೆ, ಜೀವನಪೂರ್ತಿ ಆ ನೋವಲ್ಲೇ ತಾಯಿಯೂ ಸಾಯುತ್ತಾಳೆ. ಆಕೆಯ ಮಕ್ಕಳು ಚೇತರಿಸಿಕೊಳ್ಳುತ್ತಿದ್ದಾರೆಂದು ಸುಳ್ಳು ಹೇಳುವಷ್ಟು ಧೈರ್ಯವಿಲ್ಲ. ಹಾಗೇಯೇ ಸುಮ್ಮನೆ ಒಳಗೆ ಬಂದೆ.

ಮೂರುದಿನಗಳ ನಂತರ ಅವರಿಬ್ಬರಿಗೂ ಗರ್ಭಪಾತವಾಯಿತೆಂದು ತಿಳಿಯಿತು. ಆ ರಾತ್ರಿ ರಕ್ತ ಸ್ರಾವವೂ ಆಗಿ, ಬಿ ಪಿ ಕಮ್ಮಿಯಾಗಿ ,ಅಕ್ಕನಿಗೆ ರಕ್ತದ ಅವಶ್ಯಕತೆಯಿತ್ತು. ಇವೆಲ್ಲವುಗಳ ಮಧ್ಯೆ ಒಮ್ಮೆಯೂ ಗಂಡಂದಿರು ಬರಲಿಲ್ಲ. ರಕ್ತದ ವ್ಯವಸ್ಥೆ ಆದರೂ ಬೆಳಗ್ಗಯ ಹೊತ್ತಿಗೆ ಅಕ್ಕ ಕೊನೆಯುಸಿರೆಳದಳು. ತಾಯಿಯ ಆಕ್ರಂದನ ಎಂಥವರಿಗಾದರು ಕರುಳು ಕಿವುಚುವಂತಿತ್ತು. ಮಾರನೇದಿನ ತಂಗಿಯೂ ಅಕ್ಕನ ಹಾದಿಯನ್ನೇ ಹಿಡಿದಳು. ನಾನು ರಾತ್ರಿ ಡ್ಯೂಟಿಗೆ ಬಂದಾಗ ಅವಳ ಕಳೇಬರಬನ್ನು ಪೋಸ್ಟ್ ಮಾರ್ಟೆಮ್ ಗೆ ಕೊಂಡೊಯ್ಯುತ್ತಿದ್ದರು. ತಾಯಿ ನನ್ನನ್ನು ನೋಡಿ ತನ್ನ ಜಗತ್ತೇ ಮುಳುಗಿದಂತೆ ಅತ್ತಳು. ಸಮಾಧಾನ ಮಾಡುವ ಮನಸ್ಸಿದ್ದರೂ ಅವರ ಸಾವಿಗೆ ಈಕೆಯೂ ಒಬ್ಬ ಕಾರಣ ಎಂದೆನಿಸಿ, ಸುಮ್ಮನೆ ಒಳಗೆ ಬಂದೆ.

ಮದುವೆಯ ನಂತರ ತವರುಮನೆಗೇಕೆ ಮಗಳು ಹೊರಗಾಗಬೇಕು. ಆಕೆ ಬೆಳೆದ ಮನೆ, ವಾತಾವರಣದ ಧೈರ್ಯವನ್ನ ನಿರೀಕ್ಷಿಸಿ ಅಂಗಲಾಚಿದ್ದು ಹೊರೆಯಾಯಿತೆ? ಹೇಗೊ ಹೊಂದಿಕೊಳ್ಳುವುದು ಹೇಗೆ? ಆ ಗಂಡಂದಿರನ್ನು ಒಮ್ಮೆ ವಿಚಾರಿಸುತ್ತೇನೆ, ಅಥವಾ ಮನೆಗೆ ಬನ್ನಿ ಮುಂದೆ ನೋಡೋಣ, ಅವರಿಲ್ಲ ಅಂದ್ರೆ ಏನಂತೆ ದುಡಿದು ಬದುಕೋಣ ಹೀಗೆ ಏನಾದರೊಂದು ಹೇಳಬಹುದಿತ್ತಲ್ಲ.ಆ ಕೆಟ್ಟ ಘಳಿಗೆಯನ್ನು ಮುಂದೂಡಬಹುದಿತ್ತಲ್ಲ. ನಂತರ ವಾಸ್ತವತೆಗೆ ಹತ್ತಿರವಿದ್ದ ಉಪಾಯವನ್ನನುಸರಿಸಬಹುದಿತ್ತು. ನಾವೇಕೆ ಹೆಣ್ಣುಮಕ್ಕಳನ್ನು ಒಂಟಿ ಮಾಡುತ್ತಲೇ ಇರುತ್ತೇವೆ. *ಹೆಣ್ಣು ತನ್ನ ಕುಲವನ್ನು ಬಿಟ್ಟು ಬಂದಿರದೆ, ಆಕೆ ಅವಳ ತವರುಮನೆಗೆ ಗಂಡನ ಕಡೆಯವರನ್ನೂ ಸೇರಿಸಿ ಬಳಗವನ್ನು ವಿಸ್ತರಿಸುತ್ತಾಳಲ್ಲವೇ*. ಈಗಲೂ ಆ ಘಟನೆ ನೆನಸಿಕೊಂಡರೆ ಆ ತಾಯಿಯ ಸ್ಥಿತಿ ಯಾರಿಗೂ ಬೇಡವೆಂದೆನಿಸುತ್ತದೆ ಜೊತೆಗೆ ಆ ರೀತಿಯ ತಾಯಿಯೂ......

ಡಾ. ಅಶ್ವಿನಿ ರಾಮಸ್ವಾಮಿ
Asst professor
Dept of anaesthesiology





ನಾನು ಮತ್ತು ನನ್ನ ಪ್ರೀತಿ

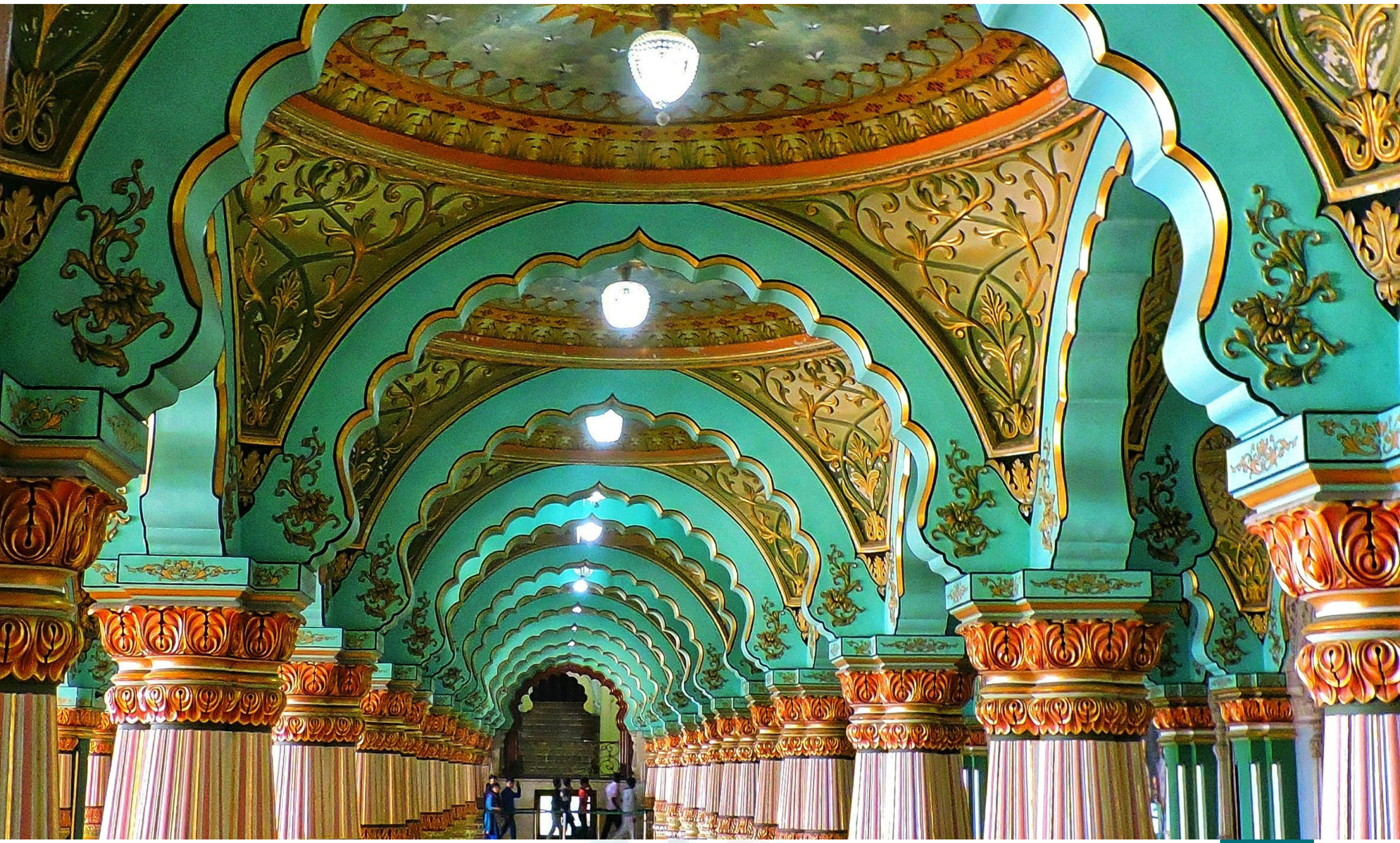
ಮಧ್ಯರಾತ್ರಿಯಲಿ ಎದ್ದು ಕುಳಿತ್ತೆ, ನಿದ್ದೆ ಬರದೇ
ಮನದ ಭಾವನೆಗಳಿಗೆ ವಿಶ್ರಾಂತಿ ಸಿಗದೇ
ಒಂದು ನಗು ಈ ಪರಿ ನನ್ನ
ಕಾಡಿತೇ
ವಾಸ್ತವ್ಯ ಮರೆಮಾಚಿ, ಮಾಯೆಯಲಿ ಬಂಧಿಸಿತೇ.

ಎಲ್ಲವನು ಕೃತಿಯಲಿ ಬಂಧಿಸುವ ಹಂಬಲ
ಆದರೇನು ಮಾಡುವುದು,
ಸಾಗರವ ಲೋಟದಲಿ
ತುಂಬಲಾದೀತೆ
ತಿಳಿಯುತ್ತಿಲ್ಲ ಮನಸ್ಸಿನ
ಪಡಿಪಾಟಲ

ಯಾವುದಕ್ಕೂ ಇಲ್ಲ ಒಂದು ಪೂರ್ಣ ಸ್ಪಷ್ಟತೆ
ಕಾಡುವುದು ಮುಂದೇನಾದೀತೆಂಬ ಅನಿಶ್ಚಕತೆ
ನನ್ನದೆಲ್ಲವೂ ನನಗೆ ಸಿಗುತ್ತೆಂಬ ಬಯಕೆ
ಸಮಯವೊಂದೆ ಹಿಡಿದು
ಕುಳಿತಿದೆ ಉತ್ತರ ಪತ್ರಿಕೆ

ಕನಸಿನ ಖಣಜಕ್ಕೆ, ಹೆಗ್ಗಣ ತೂತು ಕೊರೆತಿದೆ
ಮಣ್ಣಾಗುವ ಮುಂಚೆ ಮೆರವಾಗಲಿ ಎಂಬ ಆಸೆ
ಆಸೆಯೋ ದುರಾಸೆಯೋ
ಗೊತ್ತಿಲ್ಲ
ಆಗಾಗ ನೆನಪುಗಳ ಸುನಾಮಿ ಹೊಡೆತ ಇನ್ನು ತಪ್ಪಿಲ್ಲ

ಹರಿಪ್ರಸಾದ್.ಪಿ
ಫೇಸ್ III/II, ಅದ್ವಿತೀಯ



PIC•COLLAGE

Dr. Kachit Khot
INTERN, Agastyaz
PHOTOGRAPHY

ಡಾಕ್ಟರ್-ಆಕ್ಟರ್

ಸಂದರ್ಶನ : ಡಾ.ದರ್ಶನ್ ಬಸವರಾಜ

ಸ್ವರ, ರಾಗ ಮತ್ತು ಗೀತೆಗಳು, ನಾಟ್ಯ ಮತ್ತು ಅಭಿನೀತಿಗಳು ಮನಸ್ಸಿನಲ್ಲಿ ನಿದ್ರಿಸುವ ವಿಧವಿಧವಾದ ಭಾವಗಳನ್ನು ಮತ್ತು ಗೂಢ ಸ್ವಭಾವಗಳನ್ನು ಕರೆದು ಏಳಿಸುತ್ತವೆ.

ಕಲೆಯು ಬ್ರಹ್ಮನ ಕೃತಿಯ ಟೀಕೆ.

ಅಂತಹ ಕಲೆಯನ್ನು ಮೈಗೂಡಿಸಿಕೊಂಡು ಕನ್ನಡ ಚಿತ್ರರಂಗದಲ್ಲಿ ತನ್ನದೇ ಆದಂತಹ ಛಾಪು ಮೂಡಿಸಲು ದಾಪುಗಾಲು ಹಾಕುತ್ತಿರುವ ನಮ್ಮ ಕಾಲೇಜಿನ ಪ್ರತಿಭೆ ದರ್ಶನ್ ಬಸವರಾಜ.

ಈ ಸಂದರ್ಶನದಲ್ಲಿ ಅವರು ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿ ಜೀವನದಿಂದ ಸಿನಿರಂಗ ಪ್ರವೇಶದವರೆಗಿನ ಅನುಭವವನ್ನು ಹಂಚಿಕೊಂಡಿದ್ದಾರೆ.

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ಪ್ರಜಾ
KARNATAKA

Picture Courtesy: Facebook

- **ನೀವು ಕಿಮ್ಸ್ ನ ಯಾವ ಬ್ಯಾಚ್ ಗೆ ಸೇರುತ್ತೀರಾ? ಈಗ ಏನು ಮಾಡುತ್ತಿದ್ದೀರಾ?**

ಕಿಮ್ಸ ಆಧ್ಯಾಂತ್ ಬ್ಯಾಚ್....09....ಈಗ ಸಿಧ್ದಾರ್ತ ಮೆಡಿಕಲ್ ಕಾಲೇಜಿನಲ್ಲಿ ಜನರಲ್ ಸರ್ಜರಿ ಪಿಜಿ ಮಾಡುತ್ತಿರುವೆ...ಎರಡನೇ ವರ್ಷ..

- **ನಿಮ್ಮ ಸ್ಯಾಂಡಲ್ ವುಡ್ ಪ್ರವೇಶ ನಮಗೆಲ್ಲ ಹೆಮ್ಮೆ ತರುವಂತಹ ವಿಷಯ. ಅದರ ಅನುಭವವನ್ನು ಹಂಚಿಕೊಳ್ಳಿ.**

ಧನ್ಯವಾದ.....ದೊಡ್ಡ ಮಾತು.....ಸ್ಯಾಂಡಲ್ವುಡ್ ಅಂಗಳದಲ್ಲಿ ಇದು ನನ್ನ ಮೊದಲ ಹೆಜ್ಜೆ .... ಹೀಗೆ ಇನ್ನೂ ಉತ್ತಮ ಪಾತ್ರಗಳಲ್ಲಿ ಅಭಿನಯಿಸಿ..ನಿರಪಿಸಿಕೊಳ್ಳುವ ಆಸೆ....

ಅನುಭವದ ಬಗ್ಗೆ ಹೇಳಬೇಕೆಂದರೆ , ಚಿತ್ರರಂಗ ನೋಡುವ ಕಣ್ಣುಗಳಿಗೆ ಕಾಣುವಷ್ಟು ಸುಲಭ ವಂತೂ ಖಂಡಿತಾ ಅಲ್ಲ... ಇಲ್ಲಿ ನಾವು ನಮ್ಮ ಬೆವರನ್ನೇ ಭಂಡವಾಳವಗಿಸಬೇಕು ...ಪ್ರತಿಭೆಯನ್ನು ಪ್ರದರ್ಶಿಸಬೇಕು... ನಮ್ಮ ಪರಿಶ್ರಮವನ್ನು ಕೇವಲ ಒಂದೆರಡು ದಿನಗಳಿಗೆ ಸೀಮಿತವಾಗಿಸದೆ ...ಪ್ರತಿದಿನವೂ ಕಷ್ಟಪಡಬೇಕು... ಇಲ್ಲವಾದರೆ ಈ ಕಾಲದಲ್ಲಿನ ಸ್ಪರ್ಧೆಯಲ್ಲಿ ಉಳಿಗಾಲ ಇರುವುದಿಲ್ಲ... ಈ ಸಿನಿಮಾದಲ್ಲಿ ನಾನು ದುನಿಯಾ ವಿಜಯ್ ಸಹೋದರನಾಗಿ ಮಾಡಿರುವೆ... ಬಹಳ ಭಾವುಕ ಪಾತ್ರ... ಮೊದಲ ಸಿನಿಮಾದಲ್ಲಿ ಬಹಳಷ್ಟು ಅಳುವ ಸೀನ್ ಗಳು ಇದ್ದದ್ದು ಸ್ವಲ್ಪ ಸವಾಲಿನ ವಿಷಯವಾಗಿತ್ತು... ಏಕೆಂದರೆ ಎಲ್ಲಾ ರಸಗಳಿಗಿಂತ ಕಷ್ಟದ ರಸ ದುಃಖದ ರಸವಾಗಿರುತ್ತದೆ... ಆ ರಸದಲ್ಲಿ ನಾವು ಪ್ರೆಕ್ಷಕರ ಮನಮುಟ್ಟುವುದು ಒಂದು ರೀತಿ ಕತ್ತಿಯ ಮೇಲೆ ನಡೆದಂತೆ... ಕತ್ತಿಯ ಆ ಬದಿ ಬಿದ್ದರೆ ಸೀನ್ ಹಿಟ್... ಈ ಬದಿ ಬಿದ್ದರೆ ಸೀನ್ ಫ್ಲಾಪ್... ಯೆವರೇಜ್ ಆಗುವ ಪ್ರಶ್ನೆ ಇರುವುದಿಲ್ಲ... ಕನಕ ಸೆಟ್ ನಲ್ಲಿ ಅನುಭವಿಸ್ತರ ದಂಡೇ ನೆರೆದಿತ್ತು... ದುನಿಯಾ ವಿಜಯ್ , ರೂಪಿಕ, ಸಿದ್ದರಾಜ್ ಕಲ್ಯಾನ್ಕರ್, ತೆಲುಗಿನ ಸುಧಾ ಅಮ್ಮ ಹೀಗೆ... ಇಂತ ಅನುಭವಸ್ತರ ಮುಂದೆ ದುಃಖದ ಸೀನ್ ಗಳನ್ನು ನಿಭಾಯಿಸುವುದು ಸವಾಲಿನ ವಿಷಯವಾಗಿತ್ತು... ಆದರು ಸಹ ದುನಿಯಾ ವಿಜಯ್ ಸರ್ ಹಾಗು ನಿರ್ದೇಶಕ ಚಂದ್ರು ಸರ್ ಬೆಂಬಲದಿಂದ ನಿಭಾಯಿಸುವಲ್ಲಿ ಯಶಸ್ವಿಯಾದೆ... ಪ್ರೇಕ್ಷಕರು ನನ್ನ ಪ್ರತಿಯೊಂದು ಸೀನ್ ಗಳಲ್ಲಿನ ಆಳವನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಂಡು... ಶ್ಲಾಗಿಸಿದರು... ಕೆಲವು ಸೋಶಿಯಲ್ ಮೀಡಿಯಾ ಪೇಜ್ ಗಳಲ್ಲು ಪ್ರಕಟಿಸಿದರು... ಖುಶಿಯಾಯಿತು

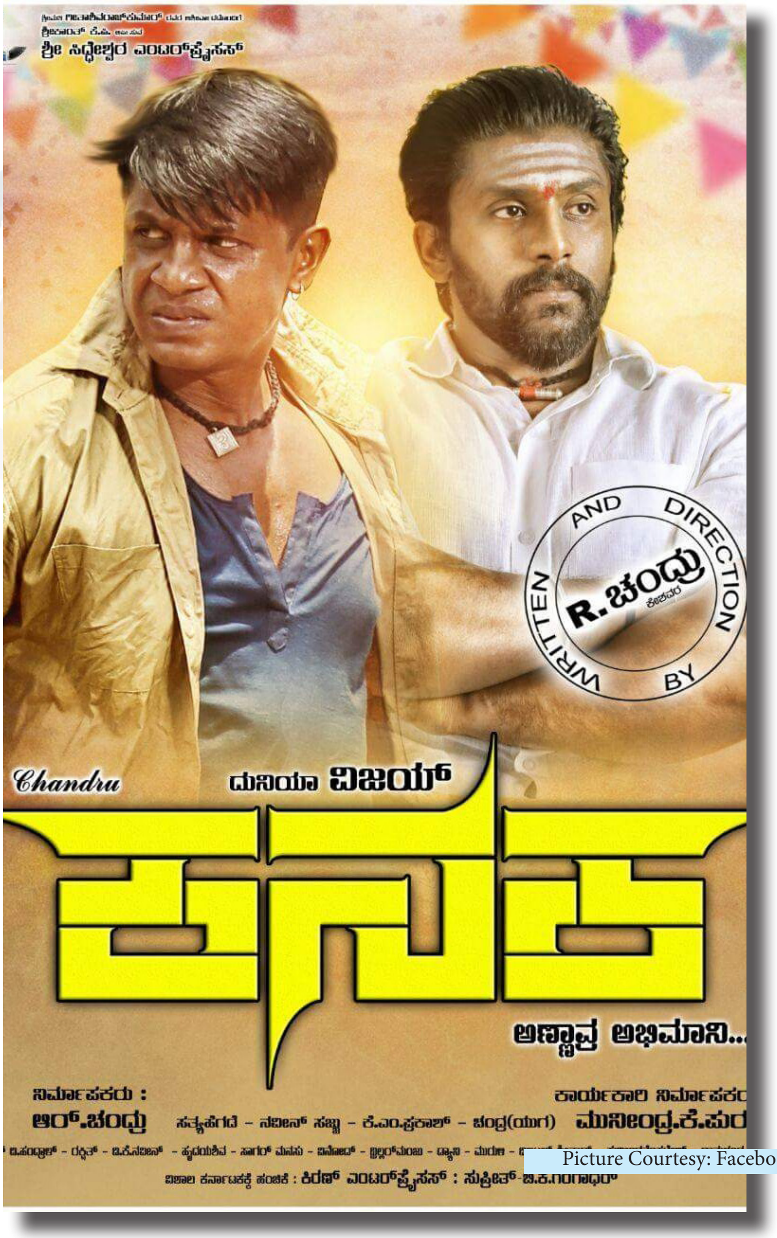
Picture Courtesy: Facebook

- **ನಿಮಗೆ ಸ್ಯಾಂಡಲ್ ವುಡ್ ಪರಿಚಯವಾದದ್ದು ಹೇಗೆ?**
- **ನಿಮಗೆ ಪ್ರೇರಣೆ ಯಾರಿಂದ/ ಎಲ್ಲಿಂದ ದೊರಕಿತು**

ನನಗೆ ಮೊದಲಿನಿಂದಲೂ ಸಿನಿಮಾ ಹಾಗು ನಟನಕ್ಷೆತ್ರದಲ್ಲಿ ವಿಶೇಷ ಆಸಕ್ತಿ... ಚಿಕ್ಕಂದಿನಿಂದಲೂ ನಾಟಕಗಳಲ್ಲಿ ಅಭಿನಯಿಸಿರುವ ಅನುಭವವಿತ್ತು... ಹಾಗು ಜಿಮ್ ನಲ್ಲಿ ಹುರೋಗೊಳಿಸಿದ್ದ ದೇಹವಿತ್ತು... ಈ ಎರಡನ್ನು ಬಂಡವಾಳವಾಗಿಸಿಕೊಂಡು ಸ್ಯಾಂಡಲ್ ವುಡ್ ನಿರ್ದೇಶಕ ಚಂದ್ರು ಮನೆಯ ಬಾಗಿಲು ತಟ್ಟಿದೆ... ನಂತರ ಅವರು ನಡೆಸಿದ ಆಡಿಶನ್ ನಲ್ಲಿ ಪಾಲ್ಗೊಂಡೆ ...ನವರಸಗಳಲ್ಲಿ ಅಭಿನಯಿಸಿರುವ ಪ್ರತಿಭೆ ಅವರಿಗೆ ಇಷ್ಟವಾಗಿತ್ತು ...ಹೀಗಾಗಿ ಈ ಸಿನಿಮಾದಲ್ಲಿ ಅವಕಾಶ ಒದಗಿ ಬಂತು ...ಹಾಗು ನನಗೆ ದುನಿಯ ಸಿನಿಮಾ ನೋಡಿದಾಗಿನನಿಂದಲೂ ...ದುನಿಯಾ ವಿಜಯ್ ಸ್ಫೂರ್ತಿ ಅವರಂತೆ ಜಿಮ್ ಹಾಗು ಜಿಮ್ನ್ಯಾಸ್ಟಿಕ್ಸನಲ್ಲಿ ತೊಡಗಿಸಿಕೊಂಡಿದ್ದೆ ...ಮೊದಲಬಾರಿಗೆ ಅವರ ಜೊತೆ ನಟಿಸುವ ಅವಕಾಶ ಒದಗಿಬಂದಿದ್ದು ನನ್ನ ಪುಣ್ಯ ...ದುನಿಯಾ ವಿಜಯ್ ಯೆದೆಗಿನ ಅದಮ್ಯವಾದ ನನ್ನ ಪ್ರೀತಿ ಅಭಿಮಾನವೇ ಅವರ ಬಳಿಗೆ ಕರೆದುಕೊಂಡು ಹೋಗಿ ನಿಲ್ಲಿಸಿರುವುದು ಕಾಕತಾಳೀಯವೋ... ಅದೃಷ್ಟವೋ... ಪುಣ್ಯವೋ

- **ನಿಮಗೆ ನಟನೆಯಲ್ಲಿ ಆಸಕ್ತಿ ಹುಟ್ಟಿದ್ದು ಯಾವಾಗ?**

ನಮ್ಮ ಊರಿನಲ್ಲಿ ನಮ್ಮದೊಂದು ನಾಟಕದ ಕಂಪನಿ ಇತ್ತು... ಶಾಲೆಯಲ್ಲಿ ಓದುತ್ತಿರುವಾಗಲೇ ಬಹಳಷ್ಟು ನಾಟಕಗಳಲ್ಲಿ ಅಭಿನಯಿಸಿದ್ದೆ... ಹೀಗಾಗಿ ಅಭಿನಯದ ಕಡೆಗಿನ ಒಲವಿಗೆ ನಾಟಕಗಳೇ ಸ್ಫೂರ್ತಿ... ಚಿತ್ರರಂಗದಲ್ಲಿ ನಡೆಯುತ್ತಿರುವ ದಾರಿಗೆ ದುನಿಯಾ ವಿಜಯ್ ಸ್ಫೂರ್ತಿ


ಶ್ರೀ ಸಿದ್ಧೇಶ್ವರ ಎಂಟರ್‌ಪ್ರೈಸಸ್
WRITTEN AND DIRECTION BY
R.ಚಂದ್ರು
Chandru
ದುನಿಯಾ ವಿಜಯ್
ಕನಕ
ಅಣ್ಣಾವ್ರ ಅಭಿಮಾನಿ...
ನಿರ್ಮಾಪಕರು :
ಆರ್.ಚಂದ್ರು
ಕಾರ್ಯಕಾರಿ ನಿರ್ಮಾಪಕರು
ಮುನೀಂದ್ರ.ಕೆ.ಪುರ

Picture Courtesy: Facebook

Picture Courtesy: Facebook

- **ದೊಡ್ಡ ನಟರೊಂದಿಗಿನ ನಿಮ್ಮ ನಟನೆಯ ಅನುಭವ ಹಂಚಿಕೊಳ್ಳಿ.**

ದುನಿಯಾ ವಿಜಯ್ ಸರ್, ರೂಪಿಕ, ಸಿದ್ದರಾಜ್ ಕಲ್ಯಾಣ್ಕರ್..ತೆಲುಗಿನ ನ ಸುಧಾ ಅಮ್ಮ.. ಇಂತ ದೊಡ್ಡ ನಟರ ಮುಂದೆ ದುಖದ ಸೀನ್ಗಳನ್ನು ನಿಭಾಯಿಸುವುದು ಸವಾಲಿನ ವಿಷಯವೇ ಹೌದು... ಆದರು ಸಹ ದುನಿಯಾ ವಿಜಯ್ ಸರ್ ಹಾಗು ನಿರ್ದೇಶಕ ಚಂದ್ರು ಸರ್ ರವರ ಬೆಂಬಲದ ಮಾತುಗಳಿಂದ ಇಂತಹ ಕಷ್ಟದ ಸೇನ್ ಗಳನ್ನು ಸುಲಭವಾಗಿ ನಿಭಾಯಿಸುವಲ್ಲಿ ಸಫಲಿತನಾದೆ... ಈ ಸಿನಿಮಾದಲ್ಲಿ ಮೊದಲ ಸೀನ್ ಫುಲ್ ಎಮೋಶನಲ್ ಸೀನ್ ...ತಕಮತಟಕ್ಕೆ ಸವಾಲಿನ ಪ್ರಶ್ನೆಯಾಗಿತ್ತು... ಆದರು ಸಹ ಚಂದ್ರು ಸರ್ ಅವರ ಮಾರ್ಗದರ್ಶನ ಹಾಗು ವಿಜಯ್ ಸರ್ ಅವರ ಹುರಿದುಂಬಿಸುವ ಮಾತು ಸವಾಲಿನ ಸೀನ್ ಗಳನ್ನು ಸುಲಭವಾಗಿಸು ನಿಭಾಯಿಸುವಂತೆ ಮಾಡಿತು... ದೊಡ್ಡ ನಟರ ಮುಂದೆ ಅಭಿನಯಿಸಿರುವುದು ಬಹಳ ಹೆಮ್ಮೆಯ ವಿಷಯವೇ ಹೌದು... ಆ ಹಿರಿಯ ನಟರ

- **ಕ್ಯಾಮೆರಾ ಮುಂದಿನ ನಿಮ್ಮ ಮೊದಲ ಅನುಭವ ಹೇಗಿತ್ತು?**

ನನ್ನ ಮೊದಲ ದೃಶ್ಯವೆಂದರೆ... ಅಣ್ಣ ದುನಿಯಾ ವಿಜಯನ್ನು ಮನೆಯಲ್ಲಿ ಯಾರೂ ಗುರುತಿಸುವುದಿಲ್ಲ... ದುಖತಪ್ತನಾಗಿ ಹಿಂದಿರುಗುತ್ತಿರುವ ಅಣ್ಣನನ್ನು ನಾನು ಗುರುತಿಸಿ ...ಕಣ್ಣೀರು ಹಾಕಿ ಅಪ್ಪಿ ಮುದ್ದಾಡಿ ಮನೆಗೆ ಕರೆದುಕೊಂಡು ಹೋಗುವ ದೃಶ್ಯ .... ತಕ್ಕಮಟ್ಟಕ್ಕೆ ಸವಾಲಿನ ಪ್ರಶ್ನೆ ಯಾಗಿತ್ತು ...ನೈಸ್ ರೋಡಿನ ಬಳಿ ಹಾಕಲಾಗಿದ್ದ ಸೆಟ್...ಸುತ್ತ ಮುತ್ತ ಕನಿಷ್ಟವೆಂದರು ೮೦ - ೧೦೦ ಜನ ಶೂಟಿಂಗ್ ವೀಕ್ಷಿಸುತ್ತಿರುವ ಜನರಿದ್ದರು... ನಮ್ಮದೇ ಸೆಟ್ಟಿನ ಹಿರಿಯ ಕಲಾವಿದರು ಹಾಗು ದುನಿಯಾ ವಿಜಯ್ ಸರ್ ಇದ್ದರು... ಮೊದಲನೇ ದೃಶ್ಯದಲ್ಲಿ ಟೀಕೆಗೆ ಗುರಿಯಾದರೆ ಇಡೀ ಸಿನೆಮಾದಲ್ಲಿ ಆತ್ಮ ವಿಶ್ವಾಸ ಕಡಿಮೆ ಯಾಗುತ್ತದೆ... ಹೀಗಾಗಿ ಮೈಚಳಿ ಬಿಟ್ಟು ಅಭಿನಯಿಸಲು ನಿಂತೇ... ಯಾವ ಕ್ಷಣದಲ್ಲೂ ದುನಿಯಾ ವಿಜಯ್ ಸರ್ ಗಿಂತ ಕಡಿಮೆ ಎಮೋಷನ್ಸ್ ಇರಬಾರದು ...ಅವರ ಸಮಕ್ಕೆ ನಿಂತು ನಟಿಸಬೇಕಿತ್ತು... ಅವರ ಕಣ್ಣಿನಲ್ಲಿ ಕಣ್ಣಿಟ್ಟು ಪಾತ್ರದಲ್ಲಿ ಮುಳುಗಿದ ನಂತರ ಹೊರಬಂದಿದ್ದೆ ಕಟ್ ಎನ್ನುವ ಶಬ್ದದಿಂದ... ಸ್ವತಹ ದುನಿಯಾ ವಿಜಯ್ ಸರ್ ಶ್ಲಾಗಿಸಿದರು... ಆ ದೃಶ್ಯದಿಂದ ಆತ್ಮವಿಶ್ವಾಸ ಹೆಚ್ಚಿತು... ಕೊನೆಯ ದೃಶ್ಯದ ವರೆಗೂ ಉತ್ತಮವಾಗಿ ಬೆಡಿಸಿಕೊಂಡು ಬಂದಿತು.

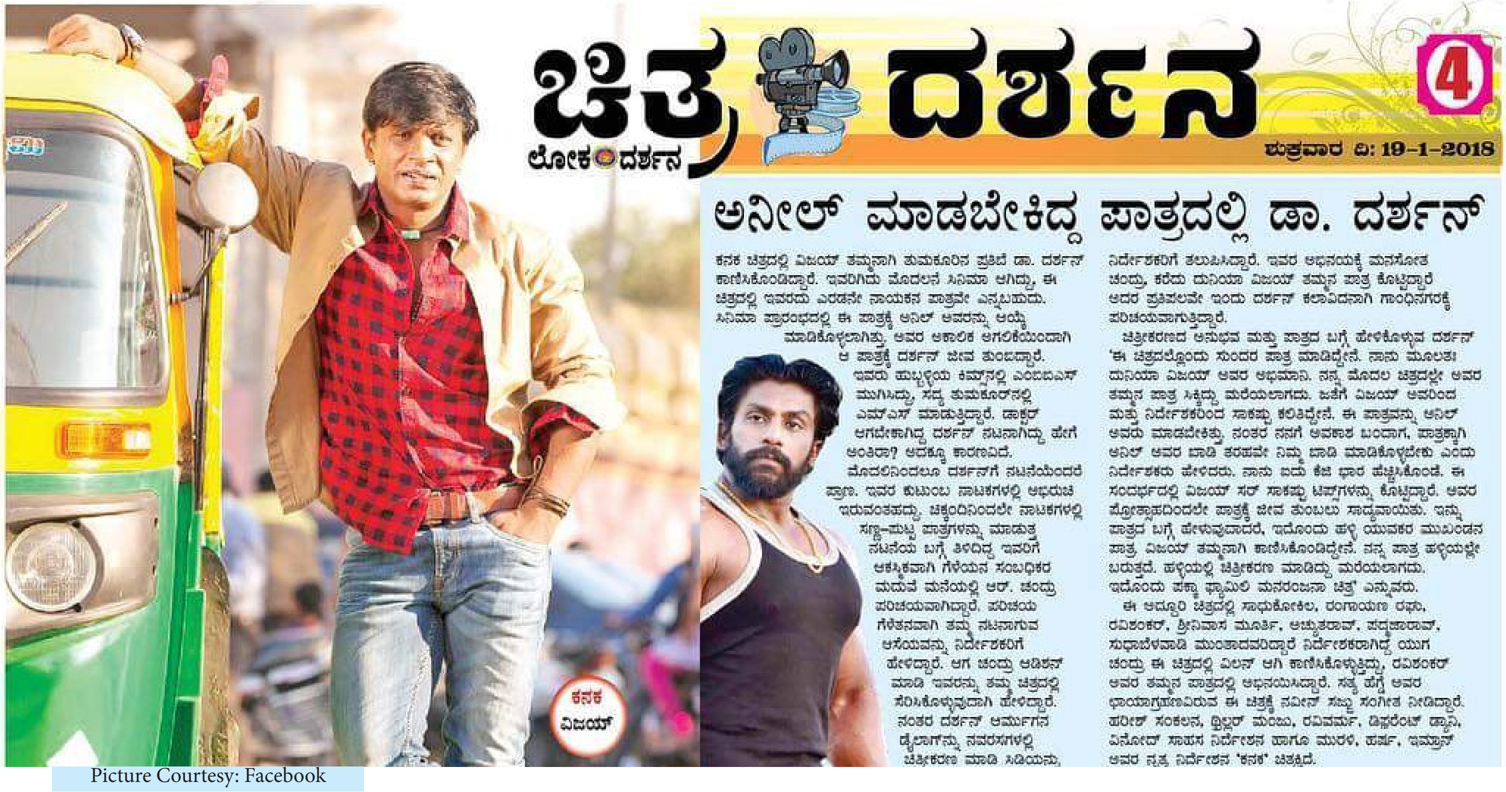
- **ನಿಮ್ಮ ಮುಂದಿನ ಚಿತ್ರಗಳು?**
- **ಯಾವ ನಟರೊಂದಿಗೆ ನಟಿಸಲು ಇಷ್ಟ ಪಡುತ್ತೀರಾ?**

ಪೊಗರು ಸಿನಿಮಾದಲ್ಲಿ ದ್ರುವ ಸರ್ಜನ ವಿರುದ್ದ ನಟಿಸುತ್ತಿದ್ದೇನೆ ವಿಲ್ಲನ್ ಪಾತ್ರದಲ್ಲಿ... ಹಾಗು ಶ್ರೀ ಮುಳಿ ಸರ್ ಜೊತೆ ವಿಲ್ಲನ್ ಪಾತ್ರದಲ್ಲಿ ನಟಿಸುತ್ತಿದ್ದೇನೆ ಆ ಸಿನೆಮಾಗೆ ಇನ್ನು ಹೆಸರಿಟ್ಟಿಲ್ಲ ...ನನಗೆ ಶಿವಣ್ಣನ ಜೊತೆ ನಟಿಸಬೇಕು ಎನ್ನುವ ಆಸೆ ಇದೆ.

- **ಚಿತ್ರರಂಗದಲ್ಲಿ ಮುಂದುವರೆದರೆ ನಿಮ್ಮ ವೈದ್ಯಕೀಯ ವೃತ್ತಿ ಗೆ ತೊಂದರೆಯಾಗುವುದಿಲ್ಲವೇ?**
- **ನಿಮ್ಮ ವೈದ್ಯಕೀಯ ವೃತ್ತಿ ಹಾಗೂ ನಟನೆಯನ್ನು ಹೇಗೆ ಒಟ್ಟಿಗೆ ನಿಭಾಯಿಸುತ್ತೀರಾ?**

ನನ್ನ ವೈದ್ಯಕೀಯ ವೃತ್ತಿಗೆ ತೊಂದರೆಯಾಗುವ ಯಾವ ಕೆಲಸವನ್ನು ...ಪಾತ್ರವನ್ನು ನಾನು ಮಾಡುವುದಿಲ್ಲ... ನಾನು ಮೊದಲಿಗೆ ಡಾಕ್ಟರ... ನಂತರ ಒಬ್ಬಆಕ್ಟರ್... ಮೊದಲಿನ ಆದ್ಯತೆ ಎಂದಿಗೂ ನನ್ನ ಕೆಲಸದ ಕಡೆಗೆ ಇರುತ್ತದೆ... ನನ್ನ ವೃತ್ತಿಗೆ ತೊಂದರೆಯಾಗದೆ ನಿಭಾಯಿಸುವ ಪ್ರಯತ್ನ ಖಂಡಿತ ಮಾಡುತ್ತೇನೆ... ನಾನು ಪೋಷಕ ಪಾತ್ರದಲ್ಲಿ ಅಭಿನಯಿಸಿದರೆ ಒಂದು ಸಿನಿಮಾ ಶೂಟಿಂಗ್ ಕೇವಲ ೨೦ - ೨೫ ದಿನ ಇರಬಹುದು...

ಕೇವಲ ದೊಡ್ಡ ನಟರ ಸಿನಿಮಾ ಮಾತ್ರ ಒಪ್ಪಿಕೊಳ್ಳುತ್ತಿರುವೆ... ಪಾತ್ರಕ್ಕೆ ಬೇಕಾದ ತಯಾರಿಯನ್ನು ನಾನು ಹಾಸ್ಪಿಟಲ್ ಗೆ ಹೋಗಿಕೊಂಡೆ ಮಾಡಬಹುದು... ಹೀಗಾಗಿ ನನ್ನ ವೃತ್ತಿಗೆ ರಜೆ ಹಾಕಿದರು ಒಂದು ಸಾರ್ಥಕ ಭಾವವಿರುತ್ತದೆ...



ಚಿತ್ರ ದರ್ಶನ

ಲೋಕ ದರ್ಶನ

4

ಶುಕ್ರವಾರ ದಿ: 19-1-2018

ಅನೀಲ್ ಮಾಡಬೇಕಿದ್ದ ಪಾತ್ರದಲ್ಲಿ ಡಾ. ದರ್ಶನ್

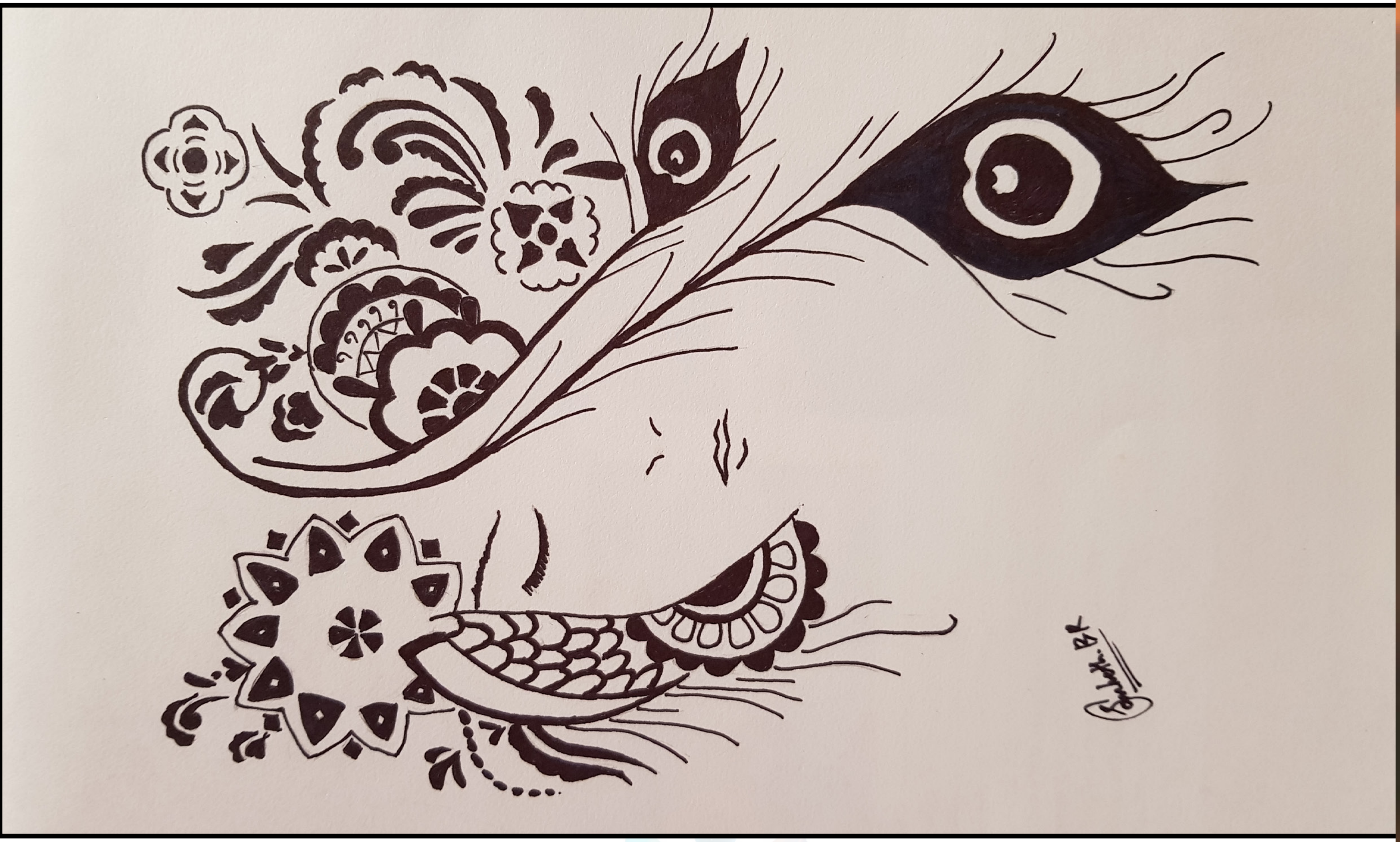
Picture Courtesy: Facebook

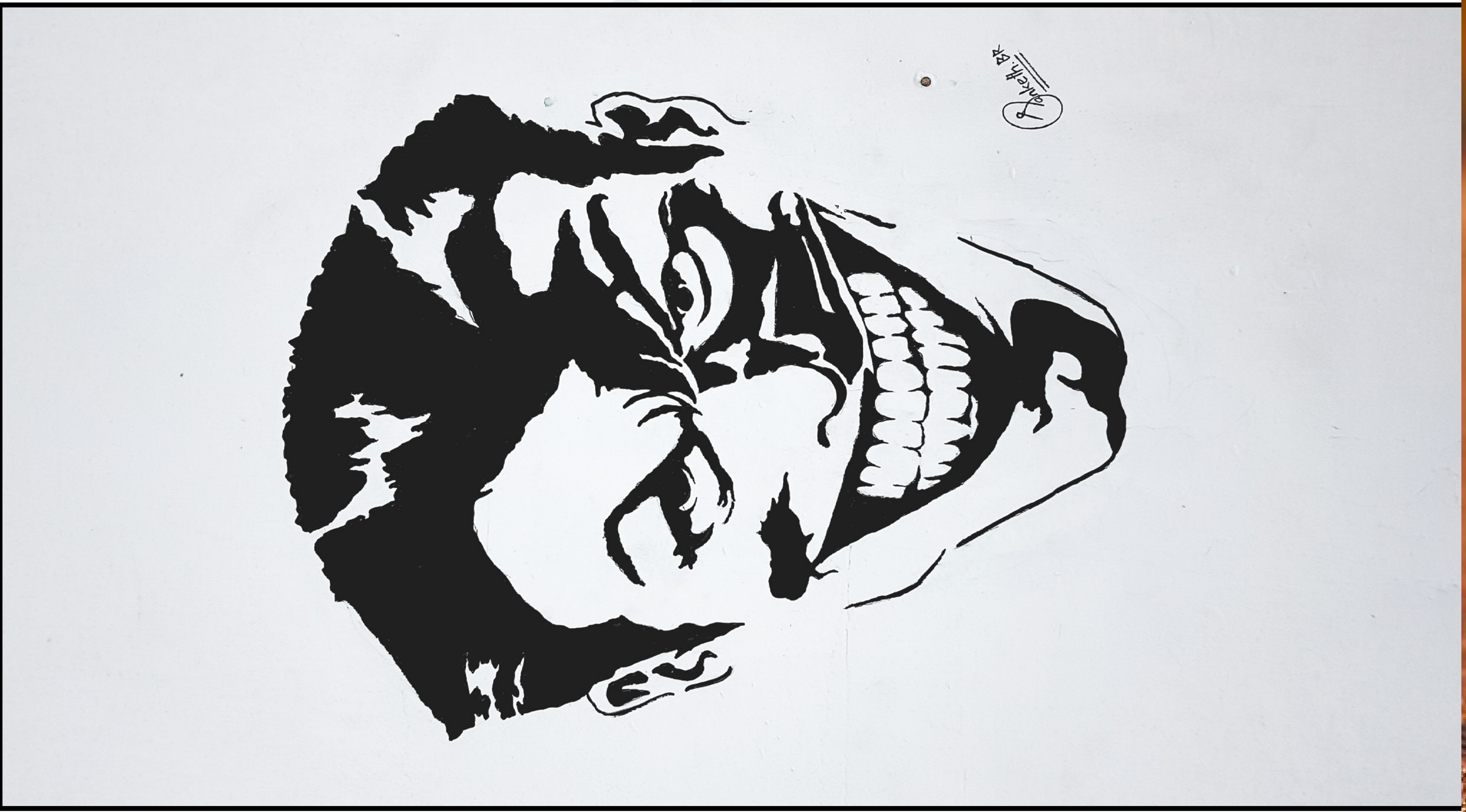
- **ನಿಮಗೆ ಮೊದಲಿನಿಂದಲು ಜಿಮ್ ನಲ್ಲಿ ಆಸಕ್ತಿ ಇತ್ತೆ? ಅಥವಾ ಚಿತ್ರರಂಗದ ಕನಸಿನೊಂದಿಗೆ ಆರಂಭಿಸಿದಿರೆ?**
- **(ಜಿಮ್ ನಲ್ಲಿ ಆಸಕ್ತಿ ಇರುವ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ನಿಮ್ಮ ಸಲಹೆ ?)**

ಚಿತ್ರರಂಗ ಒಂದು ಸಮುದ್ರವಿದ್ದಂತೆ... ಅಲ್ಲಿ ನಾನಾಬಗೆಯ ಪ್ರಥಿಭೆಗಳಿರುತ್ತವೆ... ಅಲ್ಲಿ ನಾವು ಭದ್ರವಾಗಿ ನೆಲೆಯೂರಲು ನಮ್ಮದೇ ಆದ ಒಂದು ವೈಶಿಷ್ಟ್ಯತೆ ಮೈಗೂಡಿಸಿಕೊಳ್ಳಬೇಕು... ನಾನು ದುನಿಯಾ ವಿಜಯ್ ಅಭಿಮಾನಿಯಾದ್ದರಿಂದ ಅವರಂತೆ ಜಿಮ್, ಬಾಡಿ ಬಿಲ್ಡಿಂಗ್ ಅನ್ನು ಆರಿಸಿಕೊಂಡೆ ...ಪ್ರತಿದಿನವೂ ಕನಿಷ್ಟವೆಂದರೆ ೨ ಗಂಟೆ ವ್ಯಾಯಾಮ ಮಾಡಲೆಬೇಕು... ಈಗ ಒಂದು ಪಾತ್ರಕ್ಕಾಗಿ ತಯಾರಾಗುತ್ತಿರುವ ಕಾರಣ ೪ ಗಂಟೆ ಮಾಡುತ್ತಿರುವೆ... ಕೆಲವೇ ದಿನಗಳಲ್ಲಿ ಸ್ಯಾಂಡಲ್ ವುಡ್ ನಲ್ಲಿ ಒಂದು ಉತ್ತಮ ಬಾಡಿ ಯಾಗಿ ಹೊರಗೊಮ್ಮುವ ಆತ್ಮವಿಶ್ವಾಸವಿದೆ... ಜಿಮ್ ವಿದ್ಯಾರ್ತಿಗಳಿಗೆ ಸಲಹೆ ಹೇಳುವುದಾದರೆ... ಜಿಮ್ ಕೇವಲ ಒಂದು ಎರಡು ದಿನಗಳ ಕೆಲಸವಾಗಬಾರದು... ಉತ್ತಮ ರಿಸಲ್ಟ್ಸ ಬರಬೇಕಾದರೆ ತಿಂಗಳುಗಳು ಕಳೆಯುತ್ತವೆ... ವರ್ಷಗಳು ಕಳೆಯುತ್ತವೆ... ಆದರೆ ಎಂದಿಗೂ ದೃತಿಗೆಡದೆ ದಿನನಿತ್ಯವೋ ಪರಿಶ್ರಮ ಹಾಕಬೇಕು ಬೆವರು ಹರಿಸಬೇಕು ...ಯಾವ ರೀತಿಯಲ್ಲೂ ದೇಹವನ್ನು ಹಿಮ್ಸಿಸುವುದೇ ನಮ್ಮ ಕರ್ತವ್ಯವಾಗಬೇಕು...

(ಇದು ಕೇವಲ ಉತ್ತಮ ಬಾಡಿ ಬಿಲ್ಡ ಮಾಡುವವರಿಗೆ) ಮತ್ತು ಜಿಮ್ ನಲ್ಲಿ ನಮ್ಮ ಬಾಡಿ ತಯಾರಾಗುವುದು ಕೇವಲ ೩೦%... ಸ್ಟ್ರಿಕ್ಟ ಡಯಟ್ ಅಲ್ಲಿ ಇರಬೇಕಾಗುತ್ತದೆ ... ೭೦% ಬಾಡಿ ತಯಾರಾಗುವುದು ಅಡುಗೆ ಮನೆಯಲ್ಲಿ ...ಡಯಟ್ನಿಂದ.

ಕೇವಲ ದೊಡ್ಡನಟರ ಸಿನಿಮಾ ಮಾತ್ರ ಒಪ್ಪಿಕೊಳ್ಳುವುದು ತಪ್ಪೇನಲ್ಲ ...ನನ್ನದೇ ಆದ ಒಂದು ಸ್ಟ್ರಾಟೆಜಿ





Sanketh B.R.

Phase III/II, Advitiyas
ART WORK (marker sketching)

Picture Courtesy: Google.

ಸಂಗಡಿಗರೂ ಸಡಗರವೂ

ನೀ,
ದೇಹವೆಂಬ ಖಂಡಕ್ಕೆ ಜೀವವಿದ್ದಂತೆ,
ಉಸಿರು ಉಸಿರಾಗಿರಲಿಹ ಗಾಳಿಯಂತೆ,
ಹೃದಯಕ್ಕೆ ರಕ್ತವಿದ್ದಂತೆ,
ಜೀವವೂ ಜೀವಿಸಲಿಹ ಉಪಹಾರದಂತೆ.

ನೀ,
ಶಿಶುವನ್ನು ಪಾಲಿಸುವ ಆ ತಾಯಿಯಂತೆ ,
ಮಗುವನ್ನು ಶಿಸ್ತಿನಿಂದ ಬೆಳಸುವ ಆ ತಂದೆಯಂತೆ ,
ಹರುಷವನ್ನು ಹಂಚಿಕೊಳ್ಳುವ ಸಹೋದರ ಸಹೋದರಿಯರಂತೆ,
ಬೇಡಿದನ್ನು ಕೊಡುವ ಆ ಭಗವಂತನಂತೆ .

ನೀ,
ಕಾಂಚಾಣ ಬೇಕೆಂದ ಕೂಡಲೇ ಇಹ ಬ್ಯಾಂಕ್ ನಂತೆ,
ಧರಿಸಲು ವಸ್ತ್ರ ಬೇಕೆಂದ ಕೂಡಲೇ ಇಹ ವಸ್ತ್ರದನ್ನದಿಯಂತೆ,
ಓದ ಬೇಕೆನಿಸಿದಾಗ ಬೇಕೆಂದ ಕೂಡಲೇ ಇಹ ಗ್ರಂಥಾಲಯದಂತೆ,
ಅಳು ಬರುತ್ತಲಿವೆ ಎನಿಸಿದಾಗ ಕೂಡಲೇ ಬರುವ ಅನುಕಂಪದಂತೆ.
ಒಟ್ಟಾರೆ ನೀ,
ನನ್ನ ಜೀವನಕ್ಕೆ ನಾ ಪಡೆದ ವರದಂತೆ
ಜನ್ಮಕ್ಕೆ ಸಿಕ್ಕ ಸಂಪತ್ತಿನಂತೆ
ಆತ್ಮಕ್ಕೆ ಸಿಕ್ಕ ವಿಶ್ವಾಸದಂತೆ
ಸಡಗರದ ಬಾಳಿಗೆ ನಾ ಪಡೆದ ಸಿಹಿಯಂತೆ

ನೀ,
ನೀನಾರು?
ನೀನು ಬೇರೆ ಯಾರೂಅಲ್ಲ, ನೀ, ನನ್ನ ಮಿತ್ರ.

ಮಹಮದ್ ಅಜ್ವರ್
ಫೇಸ್ II, ಅಥರ್ವ

ಮಹಾಯುದ್ಧ ೩

Picture Courtesy: Google.

ಪ್ರತಿದಿನ ಹೆಚ್ಚುತ್ತಿರುವ ಅಣ್ವಸ್ತ್ರ ದಾಳಿಯ ಬೆದರಿಕೆಗಳು,ಅಲ್ಲೊಂದು ಇಲ್ಲೊಂದು ಗಡಿತಿಕ್ಕಾಟಗಳು ವಿಶ್ವಯುದ್ಧದವರೆಗೂ ತಲುಪಬಹುದು ಎಂಬ ಅಂದಾಜುಗಳು 'ವಿಶ್ವಯುದ್ಧ' ಎಂಬುದನ್ನು ಪ್ರಚಲಿತ ವಿದ್ಯಮಾನಗಳ ಪಟ್ಟಿಗೆ ಸೇರಿಸುತ್ತಿವೆ. ಪ್ರತಿದಿನದ ದಿನಪತ್ರಿಕೆ,ಸುದ್ದಿವಾಹಿನಿಗಳಲ್ಲಿ ಹೆಚ್ಚುತ್ತಿರುವ ವಿಶ್ವಯುದ್ಧದ ಕುರಿತಾದ ಊಹಾಪೋಹ ಕಾರ್ಯಕ್ರಮಗಳು,ಅದಕ್ಕೆ ಪೂರಕವೆಂಬಂತೆ ವಿಶ್ವದ ಮಹಾನಾಯಕರುಗಳು ನೀಡುತ್ತಿರುವ ಯುದ್ಧೋತ್ಸಾಹದ ಹೇಳಿಕೆಗಳು ಜಗತ್ತನ್ನು ಅಂತ್ಯದ ಅಂಚಿನವರೆಗೆ ಕೊಂಡೊಯ್ಯುತ್ತಿರುವ ದುಸ್ವಪ್ನದ ಅನುಭವವನ್ನು ಜನತೆಗೆ ನೀಡುವಲ್ಲಿ ಯಶಸ್ವಿಯಾದಂತಿವೆ.ಈ ಹಿಂದೆ ನಡೆದಿರುವ ಎರಡುವ ವಿಶ್ವಯುದ್ಧಗಳ ಪೆಟ್ಟಿನಿಂದ ಸಾವರಿಸಿಕೊಂಡು ಬೆಳೆಯುತ್ತಿರುವ ದೇಶಗಳಿಗೆ ಮೂರನೆ ವಿಶ್ವಯುದ್ಧದ ಆದಿಯ ಮುನ್ಸೂಚನೆಗಳು ದೊರೆತಾಗ ತಲ್ಲಣಗೊಳ್ಳುವುದು ಸಾಮಾನ್ಯ. ಈಗ ನಡೆಯುತ್ತಿರುವುದು ಅದೇ. ಅಮೇರಿಕಾ ಮತ್ತು ಉತ್ತರ ಕೊರಿಯಾ ದೇಶಗಳ ನಡುವಿನ ಅಣು ದಾಳಿಯ ಬೆದರಿಕೆಗಳು,ಐಸಿಸ್ ಉಗ್ರರ ಹಾನಿಕಾರಕ ಬೆಳವಣಿಗೆ, ಭಾರತ-ಚೀನಾ ನಡುವಿನ ಗಡಿ ಬಿಕ್ಕಟ್ಟು , ಸಿರಿಯಾದ ಅಂತರ್ಯುದ್ಧ,ಅಮೇರಿಕಾ ಅಧ್ಯಕ್ಷರ ಮುಸ್ಲಿಮ್ ವಿರೋಧಿ ಧೋರಣೆ ಮುಂತಾದವುಗಳು ಅಸ್ತಿತ್ವದಲ್ಲಿರುವ ಕಾರಣಗಳ ಪಟ್ಟಿಗೆ ಸೇರಿಕೊಳ್ಳುತ್ತವೆ. ಈ ಹಿಂದಿನ ವಿಶ್ವಯುದ್ಧಗಳು ಜಗತ್ತಿನ ಹಲವಾರು ದೇಶಗಳಿಗೆ ಮರೆಯಲಾಗದ ಪೆಟ್ಟು ನೀಡಿವೆ. 1914-1918ವರೆಗೆ ನಡೆದ ಮೊದಲ ವಿಶ್ವಯುದ್ಧ 1.3 ಕೋಟಿ ಜನರಿಗೆ ಬ ಲಿ ಪಡೆದಿತ್ತು.ನಂತರದಲ್ಲಿ ಘಟಿಸಿದ ಎರಡನೇ ವಿಶ್ವಯುದ್ಧದಲ್ಲಿ ಆರು ಕೋಟಿಗೂ ಹೆಚ್ಚು ಜನರು ಪ್ರಾಣ ಕಳೆದುಕೊಂಡಿರಬಹುದೆಂದು ಅಂದಾಜಿಸಲಾಗಿದೆ.ಇನ್ನು ಮೂರನೇಯ ವಿಶ್ವಯುದ್ಧವೇನಾದರೂ ಘಟಿಸಿದ್ದೆ ಆದಲ್ಲಿ ಇವೆರಡು ಯುದ್ಧಗಳ ನೂರು ಪಟ್ಟು ವಿಧ್ವಂಸವಾಗಬಹುದು

ಉತ್ತರ ಕೊರಿಯಾದ ಸರ್ವಾಧಿಕಾರಿ ಕಿಮ್ ಜಾನ್ ಉನ್ ಪದೆ ಪದೆ ನಡೆಸುತ್ತಿರುವ ಅಣ್ವಸ್ತ್ರ ಪರೀಕ್ಷೆಗಳು ಅಮೇರಿಕಾವನ್ನೂ ಒಳಗೊಂಡಂತೆ ಹಲವಾರು ದೇಶಗಳನ್ನು ಆತಂಕದೆಡೆಗೆ ದೂಡಿವೆ.ವಿಶ್ವಸಂಸ್ಥೆಯ ಪುನರಾವರ್ತಿತ ನಿರ್ಬಂಧಗಳ ನಡುವೆಯೂ ಉತ್ತರ ಕೊರಿಯಾ ನಡೆಸುತ್ತಿರುವ ಅಣ್ವಸ್ತ್ರ ಪರೀಕ್ಷೆಗಳು ಮುಂಬರಬಹುದಾದ ಮಹಾಯುದ್ಧದ ಮುನ್ಸೂಚನೆಯನ್ನು ಜಗತ್ತಿನ ಹಲವಾರು ದೇಶಗಳಿಗೆ ರವಾನಿಸಿಯಾಗಿದೆ.ಉತ್ತರ ಕೊರಿಯಾ ಹಾಗೂ ಅಮೇರಿಕಾದ ನ್ಯೂಕ್ಲಿಯರ್ ಬಟನ್ ನ ಹೇಳಿಕೆಯಂತೂ ಯುದ್ಧದ ಸಂಭಾವ್ಯತೆಯನ್ನು ಹೆಚ್ಚಿಸಿವೆ.

ಇತ್ತ ದೇಶಗಳ ನಡುವಿನ ಬಿಕ್ಕಟ್ಟುಗಳು ಒಂದೆಡೆಯಾದರೆ ಉಗ್ರಗಾಮಿ ಸಂಘಟನೆಗಳ ವಿಧ್ವಂಸಕ ಕೃತ್ಯಗಳು ನೆಮ್ಮದಿ ಜೀವನವನ್ನೇ ಕಸಿದುಕೊಂಡಿವೆ .' ವಾಷಿಂಗ್ಟನ್ ಪೋಸ್ಟ್ ಪತ್ರಿಕೆಯ ಇತ್ತೀಚಿನ ವರದಿಯ ಪ್ರಕಾರ 2017 ವರ್ಷವೊಂದರಲ್ಲೇ 22487 ಉಗ್ರ ದಾಳಿಗಳು ಜಗತ್ತಿನಾದ್ಯಂತ ಸುಮಾರು 18476 ನಾಗರಿಕರನ್ನು ಬಲಿಪಡೆದಿವೆ. ಅಷ್ಟೇ ಅಲ್ಲದೆ ಪಾಕಿಸ್ತಾನದಂತಹ ಉಗ್ರ ಪೋಷಕ ರಾಷ್ಟ್ರಗಳಲ್ಲಿ ತಲೆ ಎತ್ತುತ್ತಿರುವ ಅಲ್ ಖೈದಾ,ತಾಲಿಬಾನ್, ಬೋಕೊ ಹರಾಮ್,ಲಷ್ಕರ್ ಈ ತೊಯ್ಬಾ ,ಹಜಬೊಲ್ಲಾ ಮುಂತಾದ ಉಗ್ರ ಸಂಘಟನೆಗಳು ದೇಶಗಳ ಅಂತರಿಕ ಭದ್ರತೆ ಹಾಗೂ ಶಾಂತಿ ಸ್ಥಾಪನೆಗೆ ತಲೆನೋವಾಗಿ ಪರಿಣಮಿಸಿವೆ.

ಆರ್ಥಿಕವಾಗಿ, ಮಿಲಿಟರಿ ಹಾಗೂ ತಂತ್ರಜ್ಞಾನ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಪ್ರತಿಸ್ಪರ್ಧಿಯಾಗಿ ಬೆಳೆಯುತ್ತಿರುವ ಭಾರತ ಹಾಗೂ ಚೀನಾ ದೇಶಗಳ ನಡುವಿನ ಗಡಿ ಕ್ಯಾತೆಗಳು ಕೂಡ ಮಿಲಿಟರಿ ಘರ್ಷಣೆಯ ಮಟ್ಟಿಗೆ ತಲುಪಬಲ್ಲವು. ಇತ್ತೀಚೆಗೆ ನಡೆದ ಡೋಕ್ಲಾಮ್ ಗಡಿ ಬಿಕ್ಕಟ್ಟು ಇದಕ್ಕೊಂದು ತಾಜಾ ನಿದರ್ಶನ. ಮಹಾಯುದ್ಧ ಸಂಭವಿಸಿದಲ್ಲಿ ಭಾರತದ ಅಭಿವೃದ್ಧಿಗೆ ಸದಾ ಅಡ್ಡಗಾಲು ಹಾಕುತ್ತ ಭಾರತವನ್ನು ಜಾಗತಿಕ ಮಟ್ಟದಲ್ಲಿ ವಿರೋಧಿಸುತ್ತಲೇ ಬಂದಿರುವ ಚೀನಾ ಮತ್ತು ಪಾಕಿಸ್ತಾನ ದೇಶಗಳು ಭಾರತದ ವಿರುದ್ಧ ಯುದ್ಧ ಸಾರಲೂಬಹುದು ಎಂಬ ಅನುಮಾನಗಳು ಮೂಡುವುದು ಸಹಜ.

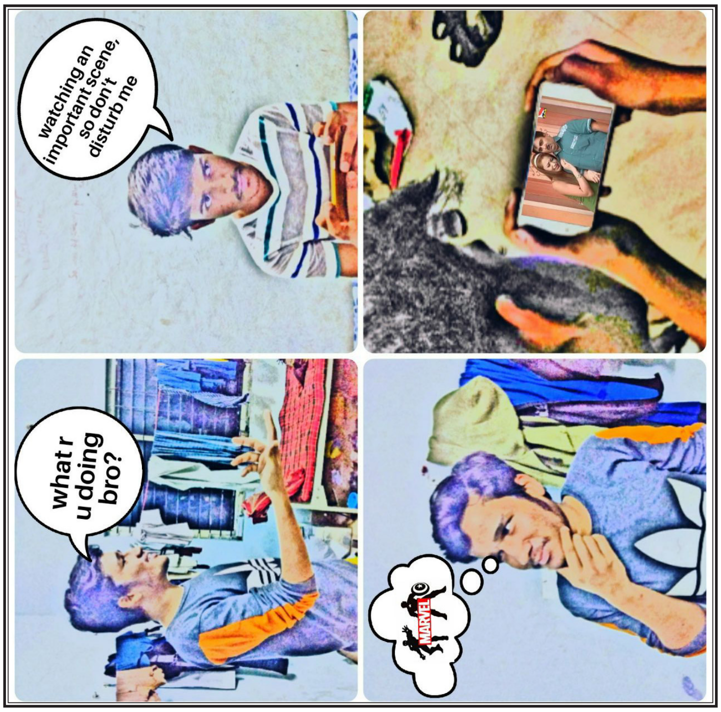
ಸಿರಿಯಾದ ಅಧ್ಯಕ್ಷ ಬಷರ್ ಅಲ್ ಅಸ್ಸಾದ್ ವಿರುದ್ಧ ನಡೆಯುತ್ತಿರುವ ಸಿರಿಯಾದ ಅಂತರ್ಯುದ್ಧದಲ್ಲಿ ಇದುವರೆಗೆ 60000 ನಾಗರಿಕರು ಸಾವನ್ನಪ್ಪಿದ್ದಾರೆ. ವಿಷಾದದ ವಿಷಯವೇನೆಂದರೆ ಯಾವ ರಾಷ್ಟ್ರವು ಇದುವರೆಗೆ ಇದನ್ನು ಶಮನಗೊಳಿಸಲು ಸಾಧ್ಯವಾಗಲಿಲ್ಲ. ವಿಶ್ವದ ಪ್ರಮುಖ ದೇಶಗಳಲ್ಲೇ ಭಿನ್ನಾಭಿಪ್ರಾಯವಿರುವದೂ ಇದಕ್ಕೆ ಕಾರಣ

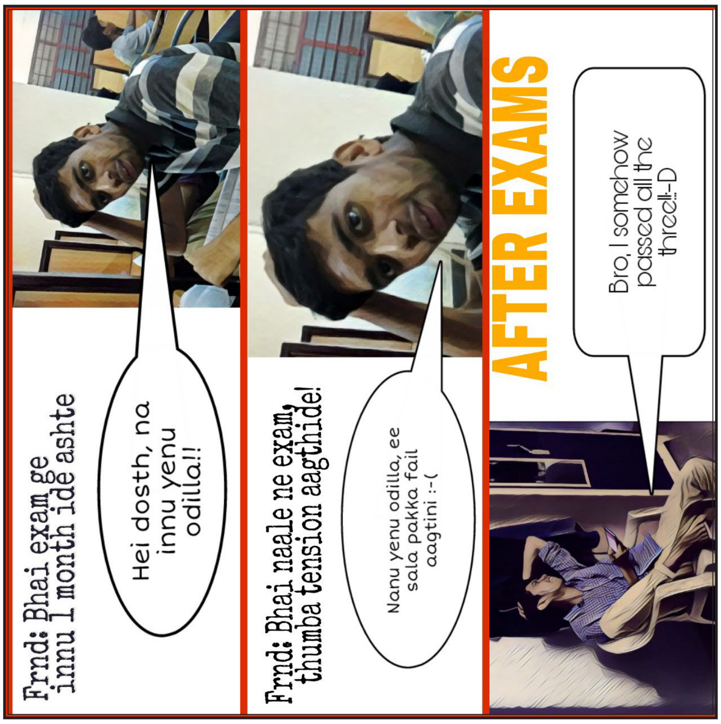
ಇವಿಷ್ಟು ಅಲ್ಲದೆ ಯೆಮೆನ್ ನ ಜಿಹಾದ್ ಪ್ರೇರಿತ ದಾಳಿಗಳು,ಸುಡಾನ್ ನ ಅಂತರಿಕ ಯುದ್ಧ, ಆಫಗಾನಿಸ್ಥಾನದಲ್ಲಿನ ರಾಜಕೀಯ ಹಾಗೂ ಸೈನ್ಯದ ಅಸಮತೋಲನ,ಉಕ್ರೇನ್ ನ ರಾಜಕೀಯ ಪ್ರೇರಿತ ತಿಕ್ಕಾಟಗಳು,ಅಮೇರಿಕಾ ಮತ್ತು ಮೆಕ್ಸಿಕೊ ನಡುವಿನ ದ್ವೇಷೀಯ ವಾತಾವರಣ ,ಇರಾಕ್,ಸೋಮಾಲಿಯಾ,ಕುರ್ದ್,ಲೆಬನಿನ್,ಲಿಬ್ಯಾ,ಸೋಮಾ ಲಿಯಾ, ಮುಂತಾದ ಭಯೋತ್ಪಾದಕ ಪೀಡಿತ ದೇಶಗಳಲ್ಲಿ ನಡೆಯುತ್ತಿರುವ ನಕ್ಸಲ್ ಹಾಗೂ ಭಯೋತ್ಪಾದಕ ಸರಣಿ ದಾಳಿಗಳು ಸಹ ಇಂದಿನ ನಾಗರಿಕ ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ಕ್ಷೀಣಿಸುವಂತೆ ಮಾಡಿವೆ.

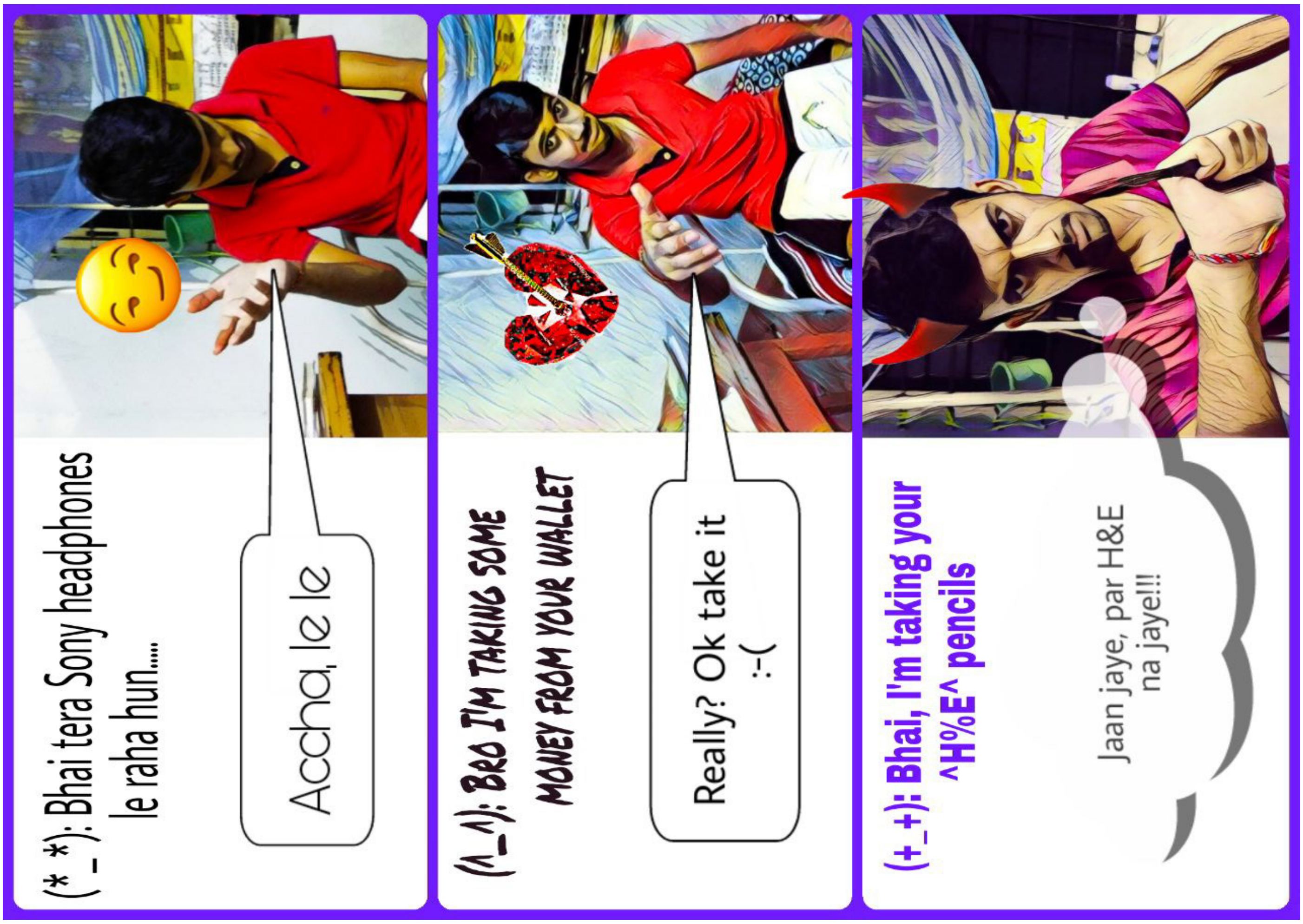
ಮಹಾಯುದ್ಧವೇನಾರೂ ನಡೆದರೆ ವಿಶ್ವದ ಪ್ರಮುಖ ದೇಶಗಳು ಬಲಿಷ್ಠ ಗುಂಪುಗಳಾಗಿ ವಿಂಗಡನೆಗೊಳ್ಳುವುದರಲ್ಲಿ ಅನುಮಾನವೇ ಇಲ್ಲ. ಈ ಘರ್ಷಣೆಗಳು ಶೀತಲ ಸಮರವಾಗಿ ಆರಂಭಗೊಂಡರೂ ಅಂತ್ಯಗೊಳ್ಳುವುದು ಜೀವನಾಶಕ ದಾಳಿಗಳ ಮೂಲಕವೇ. ಅಣ್ವಸ್ತ್ರ ಹೊಂದಿರುವ ದೇಶಗಳಲ್ಲಿ ಯಾವುದಾದರೂ ಒಂದು ದೇಶ ಮೈಮರೆತು ವರ್ತಿಸಿದರೆ ಜಗತ್ತಿನ ಸರ್ವನಾಶ ಖಂಡಿತ.ಇದರಿಂದ ತೊಂದರೆಗೊಳಗಾವುದು ಮುಗ್ಧ ನಾಗರಿಕರೇ ಹೊರತು ಸ್ವಾರ್ಥ ನಾಯಕರಾಗಲೀ,ಕ್ರೂರ ದಾಳಿಕೋರರಾಗಲಿ ಅಲ್ಲ.ಇಂತಹ ಸನ್ನಿವೇಶಗಳಲ್ಲಿ ವಿಶ್ವದ ಮೇಲ್ವಿಚಾರಕನಾಗಿರುವ ವಿಶ್ವಸಂಸ್ಥೆಯು ಮಧ್ಯಪ್ರವೇಶಿಸಿ ವಿವಾದವನ್ನು ಬಗೆಹರಿಸುವದು ಅತ್ಯವಶ್ಯಕ ಹಾಗೂ ಅನಿವಾರ್ಯ. ಮುಂದೆ ಏನಾಗುತ್ತೆಂಬುದೆಂಬುದನ್ನು ಜಗತ್ತು ಕಾದುನೋಡಬೇಕಿದೆ.....

ರೋಹಿತ್ ಮಡಿವಾಳರ

ಫೇಸ್ I, ಅಗ್ನಿತ್ರಯ


watching an important scene, so don't disturb me
what r u doing bro?
MARVEL


Frnd: Bhai exam ge innu 1 month ide ashte
Hei dosth, na innu yenu odilla!!
Frnd: Bhai naale ne exam, thumba tension aagthide!
Nanu yenu odilla, ee sala pakka fail aagtini :-(
AFTER EXAMS
Bro, I somehow passed all the three!!:-D


(*_*): Bhai tera Sony headphones le raha hun.....
Accha, le le
(^_^): BRO I'M TAKING SOME MONEY FROM YOUR WALLET
Really? Ok take it :-(
(+_+): Bhai, I'm taking your ^H%E^ pencils
Jaan jaye, par H&E na jaye!!!

Karthik Soudri, Manoj Y B,
Shripad, Siddaramesh
Phase I, Agnitrayas
PHOTO COMICS

GANG ಕನ್ನಡ

ಇವನರ್ವ ಇವನರ್ವ ಇವನಮ್ವ ಇವನಮ್ವ ಹಿಂಗ ಹೇಳಿದ್ರೆ ಏನೂ ಅರ್ಥ ಆಗಿರಕ್ ಇಲ್ಲ ನಿಮಗ ಅದಾ ಇವನಾರವ ಇವನಾರವನೆಂದೆನಿಸಿದರಯ್ಯ ಅನ್ನೋ ಚಂದದ ವಚನನ ನಮ್ಮ ರಾಹುಲ್ ಗಾಂಧಿ ಯವರು ಇಷ್ಟು ಚಂದ ಹೇಳ್ಯಾರ .ಇಲ್ಲಿ ನಾ ಅವರ ಬಗ್ಗೆ ಮಾತಾಡಕತಿಲ್ಲ. ಆದ್ರೆ ಅದ್ನ ಕೇಳಿ ರೋಚ್ಚಿಗೆದ್ದಿರೋ ಕನ್ನಡಿಗರ ಬಗ್ಗೆ ಮಾತಾಡಕತ್ತೀನಿ

ಶುದ್ದ ಹಿಂದಿ ಮಾತಾಡೋ ರಾಹುಲ್ ಗಾಂಧಿ ಅಷ್ಟರ ಕನ್ನಡ ಮಾತಡ್ಯಾರ ಆದ್ರೆ ಇಲ್ಲೇ ಹುಟ್ಟಿ ಇಲ್ಲೇ ಬೆಳೆದು ಬಂದೀನ ನೆಟ್ಟಿಗೆ ಕನ್ನಡ ಕನ್ನಡ ಮಾತಾಡಲ್ಲ ನಮ್ಮ ಕನ್ನಡ ಎಷ್ಟು ಚಂದ ಅಂದ್ರು ಅದ್ನ T.V headlines ಬರಿಯೋರು, troll ಪೇಜ್ ದವರು ಸಿನಿಮ ಹಾಡು ಬರೆಯೋರು ಎಲ್ಲ ಸೇರಿ ಹಾಳು ಮಾಡಿ ಬಿಟ್ಟರ.

ಮಚ್ಚ, ಮಗ, ಗುರು, ಗಾಂಚಾಲಿ, ಬೊಂಬಾಟ್, ಸಕತ್, ಚಿಂದಿ ಚಿತ್ರಾನ್ನ, ಸೈಕಲ್ ಗ್ಯಾಪ್ ಇತ್ಯಾದಿ ಈ ತರ ಕನ್ನಡ ಮಾತಾಡಿ ಕನ್ನಡನ ಹಾಳ್ ಮಾಡಕತ್ತಾರೆ ಹಾಗ ನೋಡೀರಿ ಇರ್ವ ಗ್ಯಾಂಗ್ ಕನ್ನಡ ಅಂತ ಹೊಸ ಕನ್ನಡ ಅವತಾರ ತೆಗಿತಾರೆನೋ ?

ಅದಕ್ಕ ಈಗ ನಮಗ ಒಂದು ಶುದ್ದ ಕನ್ನಡ ರಕ್ಷಣೆ ಸಂಘ ಅಂತ ಮಾಡ್ಕೊಂಡು ನಮ್ಮ ಕನ್ನಡನ ಉಳ್ಸೋ ಪ್ರಯತ್ನ ಮಾಡೋನಂತ

ಆಕಾಶ್ ಕೋರಿ

ಫೇಸ್ III/II, ಅಧ್ವಿತೀಯ

Picture Courtesy: Google.

ನಿರ್ಲಕ್ಷ್ಯ

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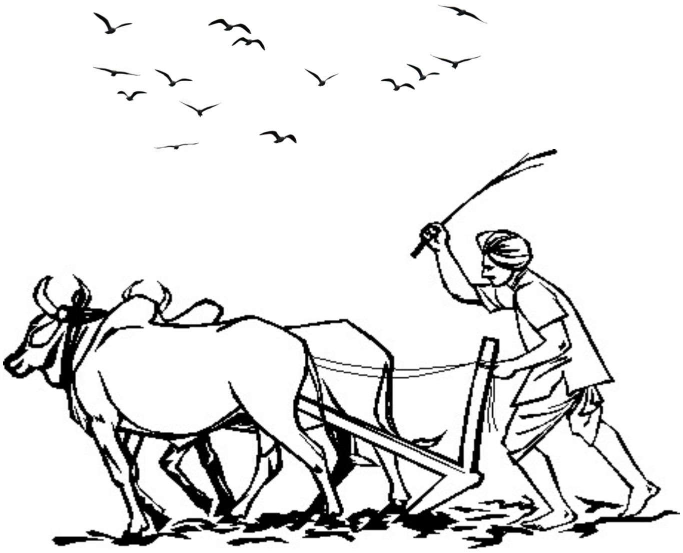
ಗಂಟೆ ೫ ಹೊಡೆದಿತ್ತು. ಬಸಪ್ಪ ತನ್ನ ಮನೆಯ ಅಂಗಳದ ಹೊರಗೆ ಮಂಚದ ಮೇಲೆ ಮಲಗಿದ್ದ. ಮುಂಜಾನೆಯ ತಂಗಾಳಿಯು ಒಮ್ಮೆಲೇ ಬಂದು ಮುಖಕ್ಕೆ ಹೊಡೆಯಿತು. "ಈ ಬ್ಯಾಸಗಿ ದಿವಸದಾಗ ಮೈ ಬಿಟ್ಕೊಂಡು ಆಕಾಶದ್ ಕೆಳಗ ಮಲಗುವ ಖುಷಿನೇ ಬ್ಯಾರೆ" ಅಂತ ಅವನ ಹೆಂಡತಿಗೆ ಯಾವಾಗಲೂ ಹೇಳುತ್ತಿದ್ದ. ಇನ್ನೇನು ಸೂರ್ಯನ ಕಿರಣಗಳು ಅವನ ಮುಖದ ಮೇಲೆ ಬೀಳಬೇಕು ಅವನು ಎಚ್ಚರಗೊಂಡ."ಕರಾಗ್ರೆ ವಸತೇ ಲಕ್ಷ್ಮಿ, ಕರಾಮಧ್ಯೆ ಸರಸ್ವತಿ,ಕರಮೂಲೆ ಶ್ರೀಗೌರೀ, ಪ್ರಭಾತೆ ಕರದರ್ಶನಮ್" ಎಂದು ಅಂಗೈಯನ್ನು ಜೋಡಿಸಿ,ಮಂತ್ರಿಸಿ,ಸೂರ್ಯನಿಗೆ ನಮಸ್ಕರಿಸಿ ದೇಹ ತೊಳೆದುಕೊಳ್ಳಲು ಮನೆಯೊಳಗೆ ನಡೆದ.

ದಾವಣಗೆರೆಯ ಬಳಿ ದುಗ್ಗಾವತಿ ಎಂಬ ಚಿಕ್ಕ ಹಳ್ಳಿ. ಆ ಹಳ್ಳಿಯಲ್ಲಿ ೩ ಎಕ್ಕರೆ ಜಮೀನು ಮತ್ತು ಒಂದು ಪುಟ್ಟ ಮನೆಯ ಒಡೆಯ ಬಸಪ್ಪ.ಐವತ್ತರ ಪ್ರಾಯವಿದ್ದರು,ಇಪ್ಪತ್ತರ ಯುವಕರು ಕೂಡ ನಾಚುವಂತ ದೇಹವಿತ್ತು.ಚಿಕ್ಕಂದಿನಿಂದ ವಿದ್ಯೆ ತಲೆಗೆ ಹತ್ತಾ ನ್ತೆ ಇರಲಿಲ್ಲ.ಆದರೆ ನಾಟಕದಲ್ಲಿ ಮಾತ್ರ ದೊಡ್ಡ ನಿಪುಣ. ಹಳ್ಳಿಯಲ್ಲಿ ನಾಟಕವಿದ್ದರೆ ಬಸಪ್ಪ ಅದರಲ್ಲಿ ಇರಲೇಬೇಕು.ಬಸಪ್ಪನಿಗೆ ಚೆನ್ನಮ್ಮ ಎಂಬ ಸುಂದರ ಪತ್ನಿ ಸಹ ಇದ್ದಳು.ಚೆನ್ನಮ್ಮ ೧೩ ವರ್ಷದವಳಿದ್ದಾಗಲೇ ಅವಳ ತಂದೆ ತಾಯಿ ಅವಳಿಗೆ ಮದುವೆ ಮಾಡಿ ಕೈ ಬಿಟ್ಟರು.ಆಗ ಬಸಪ್ಪನ ವಯಸ್ಸು ೨೫.ಮದುವೆ ಆದ ಕೆಲವೇ ವರ್ಷಗಳ ನಂತರ ಬಸಪ್ಪನ ತಂದೆ ತೀರಿಕೊಂಡರು.ಹೊಲ ಹಾಗೂ ಮನೆಯ ಜವಾಬ್ದಾರಿ ಎಲ್ಲಾ ಬಸಪ್ಪನ ಮೇಲೆ ಬಂತು.ತನಗೆ ತಾನೇ ಧೈರ್ಯ ತುಂಬಿಸಿಕೊಂಡು ಜೀವನ ನಡೆಸುತ್ತಿದ್ದ.ಆದರೆ ಬಸಪ್ಪ ಹಾಗೂ ಚಿನ್ನಮ್ಮ ದಂಪತಿಗೆ ಮೂರು ಹೆಣ್ಣು ಮಕ್ಕಳಿದ್ದರು.ತನಗೆ ಒಂದು ಗಂಡು ಮಗು ಕೂಡ ಇಲ್ಲವಲ್ಲ ಎಂದು ಯಾವಾಗಲೂ ಮನದಲ್ಲೇ ನೊಂದುಕೊಂಡು ಕೊರಗುತ್ತಿದ್ದ.ಅದೇ ಕಾರಣದಿಂದ ಅವನು ಲೆಕ್ಕವಿರದಷ್ಟು ದೇವಸ್ಥಾನಗಳಿಗೆ ಹೋಗಿ,ಲೆಕ್ಕವಿರದಷ್ಟು ವ್ರತಗಳನ್ನು ಮಾಡಿ,ಕೈತುಂಬಾ ದೇವರ ದಾರಗಳನ್ನು ಹಾಕಿಕೊಂಡಿದ್ದ. ಈಗ ಮತ್ತೆ ಚೆನ್ನಮ್ಮ ಗರ್ಭಿಣಿಯಾಗಿದ್ದಳು. ಆರನೇ ತಿಂಗಳು ನಡೆಯುತ್ತಿತ್ತು.

ಮೂರು ತಿಂಗಳ ಹಿಂದೆ ಚಿನ್ನಮ್ಮ ಕಸ ಗುಡಿಸುತ್ತಿರುವಾಗ ಇದ್ದಕಿದ್ದಂತೆ ಮೈಯಲ್ಲಿ ಏನೋ ಒಂದು ರೀತಿಯ ಕಸಿವಿಸಿ ಆದಂಗಾಯಿತು.ಉಸಿರಾಡಲು ಕಷ್ಟವಾದಂತೆ,ತಲೆ ತಿರುಗಿದಂತೆ ಅನಿಸಿತು."ಏನಂದ್ರಿ.... ಸ್ವಲ್ಪ ಯಾಕೋ ತ್ರಾಸ ಆದಂಗ ಅನಸಕತಾದ.ಮೈಯಾಗ

ಸ್ವಲ್ಪ ಆರಾಮ ಇರಲಾರದಂಗ ಆಗ್ಯಾದ್ ರೀ"ಅಂದಳು ಚಿನ್ನಮ್ಮ."ನಾ ನಿಂಗ ಹೇಳೇ ಹೇಳ್ತೀನಿ ಪ್ರತಿ ಶನಿವಾರ ಹನುಮಂತ ದೇವ್ರ ಗುಡೀಗ್ ಹೋಗು ಹೋಗು ಅಂತ. ಕೇಳ್ಬ್ಯಾಡ್ ನನ್ನ ಮಾತು.ತಾಯಿ ಮಕ್ಕಳು ಎಲ್ಲಾರು ಕೂಡಿಸಿ ಬರೇ ಬಟ್ಟೆ, ಬಂಗಾರ,ಸೀರಿ ಇವೆ ಮಾಡ್ರಿ.ನಡೀ ಇವತ್ತ ಊಟ ಆದ್ಮ್ಯಾಲ ಆಸ್ಪತ್ರಿಗ ಹೋಗಿ ತೋರಿಸಿ ಬರೂಣ್. "ಎಂದು ಬಸಪ್ಪ ಸಿಟ್ಟಿನಿಂದ ಉತ್ತರಿಸಿದ. ಬಸಪ್ಪ ಮತ್ತು ಚಿನ್ನಮ್ಮ ಅಂದು ಆಸ್ಪತ್ರೆಗೆ ಹೋದರು.

ಆ ದುಗ್ಗಾವತಿಯಲ್ಲಿ ಎಲ್ಲಾ ಕೂಡಿ ಒಂದು ಅಸ್ಪತ್ರೆಯಿತ್ತು. (ಪಿ.ಎಚ್.ಸಿ) .ಆ ಪಿ.ಎಚ್.ಸಿ ಅಲ್ಲಿ ಒಬ್ಬ ಮುಖ್ಯ ವೈದ್ಯ,ಎರಡು ನರ್ಸುಗಳು,ಮೂರು ಇಂಟರ್ನ್ಗಳು ಮಾತ್ರ ಇದ್ದರು.ಆ ಹಳ್ಳಿಯ ದೇಸಾಯಿ ಹತ್ತು ವರ್ಷಗಳ ಹಿಂದೆ ದಾವಣಗೆರೆಯ ಎಂ.ಎಲ್.ಎ ಗೆ ಹಲವಾರು ಪತ್ರಗಳನ್ನು ಬರೆದು, ಪ್ರತಿದಿನ ಕರೆಮಾಡಿ ಅಂತೂ ಇಂತೂ ಒಂದು ಆಸ್ಪತ್ರೆಯನ್ನು ಸ್ಥಾಪಿಸಿದ್ದ. ದಾವಣಗೆರೆಯ ಡಾ.ಶೇಖರ್ ಎಂಬ ವೈದ್ಯನಿಗೆ ಸರ್ಕಾರಿ ನೌಕರಿ ಕೂಡ ಆಯಿತು. ಎರಡು ತಿಂಗಳಿಗೊಮ್ಮೆ ದಾವಣಗೆರೆಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜಿನ ಮೂವರು ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ದುಗ್ಗಾವತಿಗೆ ಇಂಟರ್ನ್ ಆಗಿ ಕಳುಹಿಸುತ್ತಿದ್ದರು.ಪ್ರತಿದಿನ ಆ ಪಿ.ಎಚ್.ಸಿ ಯು ತುಂಬಿ ತುಳುಕುತ್ತಿತ್ತು. ಇದ್ದದ್ದು ೪ ವೈದ್ಯರು; ಬರುತ್ತಿದ್ದದು ೧೦೦-೨೦೦ ರೋಗಿಗಳು.



ಹಾಕಿತ್ತು. ಬಾಯರಿಕೆಯದವನಿಗೆ ಒಂದು ಕೊಡ ನೀರು ಹೇಗೆಯೋ,ಹಾಗೆಯೇ ಆ ಜನರಿಗೆ ಆ ವೈದ್ಯ ಕಾಣುತ್ತಿದ್ದ.ಎರಡು ಗಂಟೆ ಕಾದ ನಂತರ,ಇವರನ್ನು ಕರೆಯಲಾಯಿತು. "ಏನಮ್ಮಾ ತೊಂದರೆ ? ಎಷ್ಟನೆ ತಿಂಗಳು ನಡೀತಿರೋದು?" ಅಂತ ಸಣ್ಣ ಡಾಕ್ಟರ್ ಒಬ್ಬರು ಕೇಳಿದರು. "ಸಾರ್,ಮೂರನೇ ತಿಂಗಳು ನಡೀಲಿಕ್ಕತ್ತಾದ.ಅದ್ ಯಾಕೋ ಮೈಯಾಗ ಸ್ವಲ್ಪ ಆರಾಮ ಇರಲಾರದಂಗ ಅನಿಸ್ತು. ಅದ್ಕೆ ಬಂದೀವಿ." ಎಂದು ಚಿನ್ನಮ್ಮ ಅಪ್ಪಟ ಭಾರತೀಯ ನಾರಿಯ ಹಾಗೆ ತನ್ನ ಸೀರೆಯ ಸೆರಗನ್ನು ತಲೆಯ ಮೇಲೆ ಹಾಕುತ್ತಾ ಹೇಳಿದಳು.ಆ ಸಣ್ಣ ಡಾಕ್ಟರ್ ಎಲ್ಲ ನೋಡಿದ ಮೇಲೆ ಬಿ.ಪಿ ಸ್ವಲ್ಪ ಜಾಸ್ತಿ ಆಗಿದ್ದಿದ್ದು ತಿಳಿದುಬಂತು."ನೋಡು ಬಸಪ್ಪ ನಿನ್ನ ಹೆಂಡತಿಯ ಬಿಪಿ ಸ್ವಲ್ಪ ಹೆಚ್ಚಿದೆ.ಅಪಾಯ ಏನಿಲ್ಲ ಒಂದು ಮಾತ್ರೆ ಕೊಡ್ತೀನಿ ತೆಗೆದುಕೊಳ್ಳುವುದಕ್ಕೆ ಹೇಳು.ಎಲ್ಲ ಆರಾಮ ಆಗುತ್ತೆ." ಎಂದು ಹೇಳಿ ಕಳುಹಿಸಿದರು.ಬಸಪ್ಪ ಖುಷಿಯಾಗಿ ಇನ್ನೇನು ಹೊರಗೆ ಹೋಗಬೇಕು,ಆಸ್ಪತ್ರೆಯ ಹೊರಗೆ ಕೆಲ ಜನ ಜಗಳ ಆಡುತ್ತಿದ್ದರು."ಈ ಅಸ್ಪತ್ರೆದಾಗ ಬರೆ ರೊಕ್ಕ ಹೊಡಿಯೊರೆ ಅದಾರ. ಸಮಯ ಮುಗಿದಿರುವ ಔಷಧ ಕೊಡೋದು.ಬೇಕಂತಲೇ ಇಲ್ಲಿ ಸಿಗಲಾರದ ಔಷಧ ಬರೆದು ಕೊಡೋದು. ನಮ್ಮ ನಾಟಿ ಔಷಧನೆ ಇವರು ಕೊಡುವ ಔಷಧಕ್ಕಿಂತ ವಾಸಿ." ಎಂದು ಜೋರಾಗಿ ಕಿರುಚುತ್ತಿದ್ದರು.ಮುಂಚೆ ಹೇಳಿದ ಮಾತನ್ನು ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಪಾಲಿಸುತ್ತೇನೆ ಎಂದಿದ್ದ ಬಸಪ್ಪ ಈಗ ಔಷಧಿಯನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದೋ ಅಥವಾ ಬೇಡವೋ ಎಂಬ ಗೊಂದಲಕ್ಕೀಡಾದ. ಸಾಯಂಕಾಲ ಔಷಧಿ ತೆಗೆದುಕೊಳ್ಳೋಣ.ಇವಾಗ ಮನೆಗೆ ಹೋಗಿ ಸ್ವಲ್ಪ ವಿಶ್ರಾಂತಿ ತೆಗೆದುಕೊಳ್ಳೋಣ ಅಂತ ಮನೆಗೆ ಹೋದರು.

ಬಸಪ್ಪನ ತಾಯಿ ಹೊಸ್ತಿಲಿನ ಬಳಿ ಕಾಯುತ್ತ ಕುಳಿತಿದ್ದರು.ಇವರು ಬರುವುದನ್ನು ನೋಡಿದ ತಕ್ಷಣ,"ನಮ್ಮ ಕಾಲದಾಗ ಇಂತ ಔಷಧಿ ತಗೊಂಡು ಗೊತ್ತೇ ಇಲ್ಲ ನಮಗ.ಏನು ತಗೊಂಡಿಲ್ಲ ಅದಕ್ಕೆ ಇಷ್ಟು ಗಂಡು ಮಕ್ಕಳನ್ನು ಪಡೆದ್ದಿದ್ದೇವೆ.ನೀ ನೋಡು ಬರೇ ಗುಳಗಿ ಒಳಗ ಮುಳಗಿದ್ದಿ. ಮತ್ತಾ ಮೂರು ಹೆಣ್ಣು ಮಕ್ಕಳನ್ನ ಹುಟ್ಟಿಸಿದ್ದಿ.ನೋಡು ಏನ್ ಮಾಡ್ತಿ.ನಾನಂತೂ ಮೊಮ್ಮಗನ್ನ ನೋಡೋ ಆಸೆ ಬಿಟ್ಟೆ ಬಿಟ್ಟಿನಿ"ಎಂದಳು.

ಅವರ ಮನೆಯಲ್ಲಿ ಬಸಪ್ಪನ ತಾಯಿಯ ಮಾತನ್ನು ಯಾರೂ ಪ್ರಶ್ನಿಸುತ್ತಿರಲಿಲ್ಲ. ಇನ್ನು ಅವರು ಹೇಳಿದ ಮೇಲೆ ಬೇರೆ ಮಾತು ಇರಲಿಲ್ಲ . ಚಿನ್ನಮ್ಮನಿಗೆ ಮುಂದಿನ ಮೂರು ತಿಂಗಳು ಬರೀ ಬಾದಾಮಿ ,ಹಾಲು, ತುಪ್ಪ ಇವೇ ಆದವು. ಔಷಧ ಎನ್ನುವುದನ್ನು ಮರೆತುಬಿಟ್ಟಿದ್ದಳು. ಈಗ ಆರನೇ ತಿಂಗಳು ನಡೆಯುತ್ತಿತ್ತು .

ಸ್ನಾನ ಮಾಡಲೆಂದು ಹೋದ ಬಸಪ್ಪ ಹತ್ತು ನಿಮಿಷಗಳ ನಂತರ ಹಿಂದಿರುಗಿದ . ಕೆಳಗೆ ಒಂದು ಪಂಚೆ ಕಟ್ಟಿಕೊಂಡಿದ್ದ. ಶಲ್ಯೆಯಿಂದ ತಲೆ ಮರೆಸಿಕೊಳ್ಳುತ್ತಾ " ಏನಂತೀ ...ನಾ ಸ್ವಲ್ಪ ಹೊಲದ ಕಡೆ ಹೋಗಿ ಬರ್ತೀನಿ. ನೀರು ಖಾಲಿ ಆಗ್ಯದ ಪುಟ್ಟಕ್ಕಾಗ ಬಾವಿ ಇಂದ ನೀರು ತರ್ಲೀಕೆ ಕಳಿಸು "ಎಂದು ಚಿನ್ನಮ್ಮನನ್ನು ಕುರಿತು ಹೇಳಿದ " ಪುಟ್ಟಕ್ಕ ಮುಟ್ಟಾಗಿ ಹೊರಗ ಕುತ್ತಾಳ ನಾನೇ ಹೋಗಿ ತರ್ತೀನಿ " ಎಂದು ಚಿನ್ನಮ್ಮ ಹೇಳಿದಳು . ನಿಂದು ಆರನೇ ತಿಂಗಳು ನದೆದಾದ . ನಿಂಗ ಎಷ್ಟು ಸಲಿ ಹೇಳಬೇಕು ವಜ್ಜ ಸಾಮಾನು ಎತ್ತ ಬ್ಯಾಡ ಅಂತ. ಸಂಜೆ ಬಂದ ನಾನೇ ತರ್ತೀನಿ ತೊಗೋ" ಎಂದ . ಹೇಳಿ ಹೊಲಕ್ಕೆ ಹೋದ .

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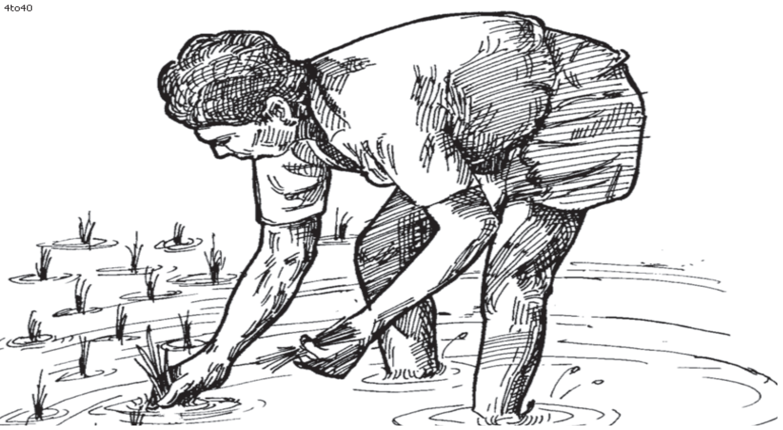

ಮಧ್ಯಾನದ ಹೊತ್ತು ಸೂರ್ಯನ ಕಿಡಿ ಜ್ವಾಲಾಮುಖಿಯನ್ನಿತ್ತು ಬಸಪ್ಪ ತನ್ನ ಹೊಲದಲ್ಲಿರುವ ದೊಡ್ಡ ಬೇವಿನ ಮರದ ನೆರಳಲ್ಲಿ ಚಿನ್ನಮ್ಮ ಕಟ್ಟಿಕೊಟ್ಟಿದ್ದ ಬುತ್ತಿಯನ್ನು ಮುಗಿಸಿ ಬೀಡಿ ಸೇದುತ್ತ ಕುಳಿತ್ತಿದ್ದನು ದೂರದಿಂದ ಯಾರೋ ಇವನ ಹೆಸರು , ಕೂಗುತ್ತ ಒಡಿಕೊಂದುಬರುತ್ತಿರುವುದನ್ನು ಕಂಡ . " ಬಸಪ್ಪ ನಿನ್ನ ಹೆಂಡತಿಗೆ ಯಾಕೋ ಆರಾಮಿಲ್ಲ ಬೇಗ ಆಸ್ಪತ್ರಗೆ ಕರ್ಕೊಂಡು ಹೋಗು , ಅವಳಿಗೆ ಬಹಳ ತ್ರಾಸ್ ಆಗ್ಲಿಕತ್ತಿದಂತೆ ಎಂದು ಪಕ್ಕದ ಮನೆಯವನು ಹೇಳಿದ .

ಬಸಪ್ಪ ಬಿಟ್ಟಿದ್ದು ಬಿಟ್ಟು ಓಡುತ್ತ ತನ್ನ ಮನೆಗೆ ನಡೆದ ಮನೆಯಲ್ಲಿ ಕಾಲಿಟ್ಟ ತಕ್ಷಣ ತನ್ನ ಹೆಂಡತಿಯ ಧ್ವನಿ ಕೇಳಿಸಿತು. "ರೀ....ಯಾಕೊ ಉಸಿರಾಡ್ಲಿಕ್ ತ್ರಾಸ್ ಆಗ್ಲಿಕತ್ತದ ನಡೀರಿ ಡಾಕ್ಟರಿಗೆ ತೋರಿಸೋಣ " ಎಂದಳು ಬಸಪ್ಪ ಮತ್ತು ಅವನ ಹೆಂಡತಿ ಆಗಿಂದಾಗೆ ಆಸ್ಪತ್ರೆಯ ಕಡೆಗೆ ಹೊಂಟರು .

ಮೊದಲಿನಂತೆಯೇ ಆಸ್ಪತ್ರೆ ತುಂಬಿ ತುಳುಕುತ್ತಿತ್ತು . ಮೊದಲು ಸಣ್ಣ ಡಾಕ್ಟರ್ ಕೂಡುವ ಸ್ಥಳದಲ್ಲಿ ಯಾರೋ ಹುಡುಗಿ ಕುಳಿತ್ತಿದ್ದಳು . ಅವಳ ಬಳಿ ಹೋಗಿ ಬಸಪ್ಪ, " ಸಿಸ್ಟರ್ ಸ್ವಲ್ಪ ಡಾಕ್ಟರ್ನ ನೋಡಬೇಕಿತ್ತು . ನನ್ನ ಹೆಂಡತಿಗೆ ಸ್ವಲ್ಪ ಆರಾಮಿಲ್ರಿ . ಆರು ತಿಂಗಳ ಗರ್ಭಿನಿ ಆಕಿ "

ಎಂದನು . " ನಾನು ಸಿಸ್ಟರ್ ಅಲಪ್ಪ ನಾನೂ ಡಾಕ್ಟರ ಡಾ. ಸುಮೇಧಾ ಅಂತ ದೊಡ್ಡ ಡಾಕ್ಟರ ದೇಸಾಯಿಯರ ಮನೆಗೆ ಹೋಗಿದ್ದಾರೆ . ಮಗನ ಕಾಲಿಗೆನೋ ಪಿನ್ ಚುಚ್ಚಿದೆಯಂತೆ . ಎಲ್ಲಿ , ನಿನ್ನ ಹೆಂಡ್ತಿನ ಕರ್ಕೊಂಡು ಬಂದು ಮಲಗಿಸು . ಇಲ್ಲಿ ನಾನು ನೋಡ್ತೀನಿ " ಎಂದು ಸುಮೇಧಾ ಹೇಳಿದಳು "ಮೇಡಂ , ಇರ್ಲಿ ಬಿಡ್ರಿ ನಾವು ದೊಡ್ಡ ಡಾಕ್ಟರ್ ಬರುವ ತನಕ ಕಾಯ್ತಿವ್ರಿ " ಎಂದನು . " ನಾನೇ ನೋಡ್ತೀನಿ ಕಳಿಸಪ್ಪ ದೊಡ್ಡ ಡಾಕ್ಟರ್ ಬರೋದು ಇನ್ನು ತಡ ಆಗ್ತದೆ " ಹೇಳಿದರೂ ಬಸಪ್ಪ ಕೇಳಲಿಲ್ಲ . ಇತ್ತ ಚಿನ್ನಮ್ಮಾಳಿಗೆ ತೊಂದರೆ ಜಾಸ್ತಿ ಆಗುತ್ತಾ ಹೋಯಿತು . ಒಂದು ಗಂಟೆ ಕಾದ ಡಾಕ್ಟರ ಬರಲಿಲ್ಲ . ಇನ್ನು ತನ್ನ ಹೆಂಡತಿಯ ಪರಿಸ್ಥಿತಿ ನೋಡಲಾಗದೆ ಸುಮೆಧಾಳ ಬಳಿ ಕರೆದುಕೊಂಡು ಹೋದ. "ಇಲ್ಲಿ ಮಲಗಿಸು ಅವಳನ್ನಾ , ನಾನು ಅವಳ BP ನೋಡ್ತೀನಿ" ಎಂದು ಹೇಳಿ ಅವಳ ಕೈ ಸುತ್ತಾ ಪಟ್ಟಿ ಕಟ್ಟಿ ಇನ್ನೇನು BP ನೋಡಲು ಶುರುಮಾಡಬೇಕು ಚಿನ್ನಮ್ಮ ಇದ್ದಕ್ಕಿದ್ದಂತೆ ಅಲುಗಾಡಲು ಶುರು ಮಾಡಿದಳು. ಇಡೀ ದೇಹವನ್ನು ಗಟ್ಟಿಯಾಗಿ ಅಲುಗಾಡಿಸಲು ಶುರು ಮಾಡಿದಳು. ಇದು ಸುಮೇಧಾಳ ಮೊದಲ ದಿನವಾಗಿತ್ತು. ಆದರೂ ಕಾಲೇಜಿನಲ್ಲಿ ಕಲಿತದ್ದನ್ನೆಲ್ಲಾ ನೆನಪಿಸಿಕೊಂಡು, ಯಾವುದೋ ಇಂಜೆಕ್ಷನ್ ಕೊಟ್ಟಳು. ಅವಳು ಕೊಟ್ಟಿರುವ ಇಂಜಕ್ಷನ್ ಕೆಲಸ ಮಾಡುವ ಮೊದಲೇ ಚಿನ್ನಮ್ಮ ಅಲುಗಾಡಿಸುವುದನ್ನ ನಿಲ್ಲಿಸಿದಳು. ಸುಮೇಧಾಳ ಕೈ ಗಡಗಡ ನಡುಗುತ್ತಿದ್ದವು. ಚಿನ್ನಮ್ಮಳ ಹೃದಯದ ಬಡೆತ ನಿಂತಿತು. ಬಸಪ್ಪನ ಮುಖದ ಮೇಲಿನ ಕಳೆ ತೊಲಗಿತು.ಅತ್ತ ಒಂದು ಹೃದಯ ನಿಂತರೆ ಇತ್ತ ಎದೆಯಿಂದ ಕಿತ್ತಿ ಹೊರಗೆ ಬರುವಷ್ಟು ಜೋರಾಗಿ ಬಡೆಯಲು ಶುರುವಾಯಿತು ಬಸಪ್ಪನ ಹೃದಯ. ತನಗೆ ಗಂಡು ಮಗು ಬೇಕೆಂದು ಚಿನ್ನಮ್ಮನಿಗೆ ನಾಲ್ಕನೇ ಬಾರಿ ಗರ್ಭ ಧರಿಸಲು ಒತ್ತಾಯಿಸಿದ್ದ. ಆದರೆ ಈಗ ಚಿನ್ನಮ್ಮನೂ ಇರಲಿಲ್ಲ , ತನ್ನ ಗಂಡು ಮಗುವೂ ಇರಲಿಲ್ಲ.

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ತಣ್ಣನೆಯ ಗಾಳಿಯು ಜೋರಾಗಿ ಬಂದು ಮುಖಕ್ಕೆ ಅಪ್ಪಳಿಸುತ್ತಿತ್ತು. ಬಸ್ಸಿನ ಕಿಟಕಿಯಿಂದ ತಲೆಯನ್ನು ಹೊರಹಾಕಿದ ಸುಮೇಧಾ ಒಳಗೆ ತೆಗೆದುಕೊಂಡಳು.ಹಾಸ್ಟೆಲ್ನಲ್ಲಿ ಟಿಫಿನ್ ಗೆ ಉಪ್ಪಿಟ್ಟು ಮಾಡಿದ್ದರು.ಅದರಲ್ಲಿ ಉಪ್ಪು, ಖಾರವಂತೂ ಇರಲಿಲ್ಲ, ರವೆಗಿಂತ ನೀರೇ ಹೆಚ್ಚಾಗಿತ್ತು. ಇವಳು ಸ್ನಾನ ಮಾಡಲು ಹೋಗುವಷ್ಟರಲ್ಲಿ ಬಿಸಿ ನೀರು ಖಾಲಿಯಾಯಿತು, ಅಂದರೂ ಆ ದಿನ ಇವಳಿಗೇನೋ ಸುಖ. ತಣ್ಣೀರಿನಿಂದ ನೆಟ್ಟಗೆ ಸ್ನಾನಮಾಡಲು ಆಗದಿದ್ದರೂ ಅಂದು ಅವಳು ಒಳಗಿನಿಂದ ಬರುತ್ತಿದ್ದ ಕಳೆಯೇ ಸಾಕಾಗಿತ್ತು . ಇಂಟರ್ನ್ಶಿಪ್ ನ ಮೊದಲನೇ ದಿನ ಯಾರಾದರೂ ಥಳ ಥಳ ಅಂತ ಹೊಳೆಯುತ್ತಿರುತ್ತಾರೆ.ಸುಮೇಧಾನು ಹಾಗೆ ತನ್ನ ಹೊಸ ಕಿವಿಯೋಲೆ ಹಾಕಿಕೊಂಡು ಪ್ರತಿ ಕೈಯಲ್ಲಿ ಎರಡೆರಡು ಬೆಳೆಗಳನ್ನು ಹಾಕಿಕೊಂಡು ಮಿಂಚುತ್ತಿದ್ದಳು . ಅವಳಿಗೆ ಅತೀ ಪ್ರಿಯವಾದ ಹಳದಿ ಬಣ್ಣದ ಚುಡಿಧಾರ ಹಾಕಿಕೊಂಡು ತನ್ನ ಕಾಲೇಜಿನ ಬಸ್ಸಿನಲ್ಲಿ ದುರ್ಗಾವತಿಯ ಕಡೆ ಹೊರಟಳು.

ಸುಮೇಧಾ, ದಾವಣಗೆರೆ ವೈದ್ಯಕೀಯ ಕಾಲೇಜಿನಲ್ಲಿ ಈಗತಾನೆ ಕೊನೆಯ ವರ್ಷದ ಅಭ್ಯಾಸ ಮುಗಿಸಿ ಇಂಟರ್ನ್ (ಸಣ್ಣ ಡಾಕ್ಟರ್) ಆಗಲು ಹೊರಟಿದ್ದಳು. ತನ್ನ ಕ್ಲಾಸ್ ನಲ್ಲಿ ಮೊದಲ ಸ್ಥಾನ ಅವಳದೇ ಇರುತಿತ್ತು. ಬೇರಾರಿಗೂ ಎಂದಿಗೂ ಬಿಟ್ಟು ಕೊಡುತ್ತಿರಲಿಲ್ಲ.ಅವಳಿಗೆ ತನ್ನ ಮೊದಲನೇ ಪೋಸ್ಟಿಂಗ್ ಅಂತ ದುಗ್ಗಾವತಿಗೆ ಕಳಿಸಿದ್ದರು.. ಆದರೆ ಸುಮೇಧಾಳಿಗೆ ಏನು ಗೊತ್ತಿತ್ತು,ದುಗ್ಗಾವತಿಯ ಮೊದಲನೇ ದಿನವೇ ತನ್ನ ಜೀವನ ಬದಲಾಗುತ್ತದೆಂದು.

ಕಾಲೇಜಿನ ಬಸ್ಸು ಇವಳನ್ನು ದುಗ್ಗಾವತಿಯ PHC ಎದುರುಗಡೆ ಬಿಟ್ಟಿತು. ಬಸ್ಸಿನಿಂದ ಇಳಿದು ಆಸ್ಪತ್ರೆಯತ್ತ ನೋಡಿ ಸುಮೇಧಾ ಬೆಚ್ಚಿ ಬಿದ್ದಳು. ಇಂತಹ ಜನ ಜಾತ್ರೆಯಲ್ಲಿ ನಾನು ಹೇಗಪ್ಪಾ ಒಳಗೆ ಹೋಗೋದು ಅಂತ ಯೋಚಿಸುತ್ತಾ ಒಳ ನಡೆದಳು.ಅಲ್ಲಿಯ ಮುಖ್ಯ ವೈದ್ಯನಾದ ಡಾ.ಶೇಖರ್ ಅವರ ಕೊಠಡಿಯಲ್ಲಿದ್ದರು.ಹೋಗಿ ರಿಪೋರ್ಟ್ ಮಾಡಿ ಬರುವ ಎಂದು ಸುಮೇಧಾ ಒಳಗೆ ಹೋದಳು. “ಗುಡ್ ಮಾರ್ನಿಂಗ್ ಸರ್ ನಾನು ಸುಮೇಧಾ ಅಂತ.ನನಗೆ ಇಲ್ಲಿ ಒಂದು ತಿಂಗಳು ಪೋಸ್ಟ್ ಮಾಡಿದ್ದಾರೆ ಸರ್ ” ಎಂದಳು.

“ಒಹ್.. ಬನ್ನಿ ಸುಮೇಧಾ , ಬನ್ನಿ... ಇವತ್ತು ಇಲ್ಲಿ ಸಂತೆ ಅದಕ್ಕೆ ಇಷ್ಟು ಜನ . ಇಲ್ಲಾಂದ್ರೆ ಇಷ್ಟೇನು ಬರಲ್ಲ ನೀವು ಹೆದರಬೇಡಿ. ನೋಡಿ ಸುಮೇಧಾ ನೀವು ಇಲ್ಲಿ ಕಲಿಯಲು ಬಂದಿದ್ದೀರ ನನ್ನಿಂದ ಏನೇ ಸಹಾಯ ಬೇಕಂದ್ರೂ ಕೇಳಿ , ನನ್ನ ಕೈಲಾದಷ್ಟು ಮಾಡ್ತೀನಿ... ಅದೇ ರೀತಿ ನೀವು ಇಲ್ಲಿ ಕಷ್ಟ ಪಟ್ಟು, ಎಚ್ಚರವಹಿಸಿ ಕೆಲಸ ಮಾಡಿ. “ಅಲ್ಲಿ ಹೊರಗಡೆ ಟೇಬಲ್ ಇದೆಯಲ್ಲ ಅಲ್ಲಿ ಕುಳಿತುಕೊಳ್ಳಿ.” ಎಂದು ಹೇಳಿ ಕಳುಹಿಸಿದೆ.

ಇವಳು ಇನ್ನೇನು ಕೂಡಬೇಕ, ಒಬ್ಬ ಅಜ್ಜ ಬಂದು “ಸಿಸ್ಟರ್, ಭಾಳ್ ಸುಸ್ಥ್ ಆಗ್ಲಿಕತ್ತದ. ಸ್ವಲ್ಪ ಸೂಜಿ ಚುಚ್ಚಿ” ಎಂದ. “ನಾನು ಸಿಸ್ಟರ್ ಅಲ್ಲ. ಇಲ್ಲಿಯ ಹೊಸ ಡಾಕ್ಟರು. ನೀನು ಚೆನ್ನಾಗಿ ಇದ್ದೀಯಲ್ಲಾ? ನೀನಿಗೆ ಯಾಕೆ ಇಂಜೆಕ್ಷನ್ ಬೇಕು? ಹಾಗೆಲ್ಲ ಸುಮ್ಮನೆ ಔಷಧಿ ತೊಗೊಳ್ಳೋದು ಒಳ್ಳೇದಲ್ಲ” ಎಂದು ಮುಖ ಸೊಟ್ಟ ಮಾಡಿಕೊಂಡು ಹೇಳಿದಳು. “ಸಿಸ್ಟರ್, ನನಗೆ ಸೂಜಿ ಚುಚ್ಚಿ, ಅಂತ ಹೇಳಿದ್ದು ತಿಳಿತಿಲ್ಟಾ? ನೀವು ಇನ್ನಾ ಹೊಸಬ್ರು, ನಿಮಗೆ ಏನು ತಿಳಿಯೋದಿಲ್ಲ. ಸುಮ್ನೆ ಚುಚ್ಚಿ, ನೀವ” ಎಂದು ಸಿಟ್ಟಾಗಿ ಜೋರಾಗಿ ಹೇಳಿದ. ಅಷ್ಟರಲೆ ಇದನ್ನು ನೋಡಿದ ಡಾ.ಶೇಖರ್ ಸುಮೇಧಾಳನ್ನು ಅತ್ತ ಕರೆದು “ನೋಡಮ್ಮ ಇವ್ರು ಹಳ್ಳಿ ಮಂದಿ ಹಿಂಗೆ. ನೀನು ಎಷ್ಟೇ ಹೇಳಿದ್ರು ನಿನ್ನ ಮಾತು ಇವರು ಕೇಳೂದಿಲ್ಲ. ಸುಮ್ನೆ ಒಂದು DICLO ಇಂಜೆಕ್ಷನ್ ಕೊಟ್ಟು ಕಳಸು. ಅವರಿಗೂ ಖುಷಿ, ನಮ್ಮ ಮನಸ್ಸಿಗೂ ಶಾಂತಿ” ಎಂದನು. ಸುಮೇಧಾಳಿಗೆ ಅಳಬೇಕೋ ನಗಬೇಕೋ ತಿಳಿಯಲಿಲ್ಲ.

ಹೀಗೇ ನಡೆಯುತ್ತಿತ್ತು, ಒಂದು ದಿನ ಮಧ್ಯಾನ ಮೂರು ಗಂಟೆಯ ಸುಮಾರು ಡಾ.ಶೇಖರ್ ಬಂದರು. “ಸುಮೇಧಾ, ಅದೇನೋ ದೇಸಾಯಿಯರ ಮಗನ ಕಾಲಿಗೆ ಪಿನ್ ಚುಚ್ಚಿದೆಯಂತೆ. ಅವರು ಬಹಳ ಹೆದ್ರ್ಯಾರ ಒಬ್ಬನೇ ಗಂಡು ಮಗ ಮೊದಲೇ.

ನನ್ನನ್ನು ಕರದಾರ. ಇವತ್ತು ಸಾಯಂಕಾಲ ತನಕ ನೀನಿಲ್ಲಿರು. ನಾನು ಸಂಜೆ ಆರಕ್ಕೆ ಬರ್ತೀನಿ" ಅಂತ ಹೇಳಿ ತಮ್ಮ ಸ್ಕೂಟರ್ ಹತ್ತಿ ಹೊರಟರು. ಅದೇಗಿನಾ ಊಟ ಮಾಡಿಕೊಂಡು ಬಂದಿದ್ದ ಸುಮೇಧಾ ತಲೆಯಾಡಿಸಿ ಮತ್ತೆ ತನ್ನ ಕುರ್ಚಿಯ ಮೇಲೆ ಕುಳಿತಳು. ಡಾ.ಶೇಖರ್ ಹೋಗಿ ಎರಡು ನಿಮಿಷ ಆಗಿಲ್ಲ ಒಬ್ಬ ಗಂಡಸು ತನ್ನ ಗರ್ಭಿಣಿ ಹೆಂಡತಿಯನ್ನು ಕರಕೊಂಡು ಸುಮೇಧಾಳ ಬಳಿ ಬಂದ. "ಸಿಸ್ಟರ್, ಸ್ವಲ್ಪ ಡಾಕ್ಟರ್ ನ ನೋಡಬೇಕಿತ್ತು. ನನ್ನ ಹೆಂಡತಿಗೆ ಸ್ವಲ್ಪ ಅರಾಮಿಲ್ಲ. ಆರು ತಿಂಗಳ ಗರ್ಭಿಣಿ ಆಕಿ" ಎಂದು ತೇಗುತ್ತಾ ಹೆದರಿಕೊಂಡು ಹೇಳಿದ. ಹಿಂದೆ ತನ್ನ ಹೆಂಡತಿ ಹೊಟ್ಟೆಯ ಮೇಲೆ ಕೈ ಇಟ್ಟುಕೊಂಡು ನಿಂತಿದ್ದಳು. ಬೆಳಿಗ್ಗೆಯಿಂದ ಸುಮೇಧಾಳಿಗೆ ಸಿಸ್ಟರ್, ಸಿಸ್ಟರ್ ಎಂದು ಕರೆಸಿಕೊಂಡು ತಲೆ ಕೆಟ್ಟಿದ್ದರೂ, ಇವರು ಹೆದರಿವುದನ್ನು ನೋಡಿ, ಪಾಪ ಎಂದುಕೊಂಡು "ನಾನು ಸಿಸ್ಟರ್ ಅಲ್ಲಪ್ಪಾ, ನಾನು ಡಾಕ್ಟರೆ. ದೊಡ್ಡ ಡಾಕ್ಟರು ದೇಸಾಯರ ಮನೆಗೆ ಹೋಗಿದ್ದಾರೆ, ನಿನ್ನ ಹೆಂಡತೀನ ಕರಕೊಂಡು ಬಾ. ನಾನು ನೋಡ್ತೀನಿ" ಎಂದಳು. ಎಷ್ಟು ಹೇಳಿದಮೇಲೂ ಅವರು ದೊಡ್ಡ ಡಾಕ್ಟರೇ ಬೇಕು, ಎಂದು ಹಠ ಹಿಡಿದ್ರು. ಕೋಣೆಯ ಮೂಲೆಗೆ ಹೋಗಿ ಕುಳಿತರು. ಸುಮೇಧಾ ಅವರನ್ನು ಮರೆತು ಮತ್ತೇ ಬೇರೆಯವರನ್ನು ಪರೀಕ್ಷಿಸುತ್ತ ಕುಳಿತಳು. ನಾಲ್ಕು ಗಂಟೆಯ ಸುಮಾರು ಮತ್ತೆ ಅದೇ ಗಂಡಸು ತನ್ನ ಹೆಂಡತಿಯ ಕರೆದುಕೊಂಡು ಬಂದ. "ಮೇಡಂ, ನೀವೇ ನೋಡ್ರಿ ನಾಡಿತದ ಎಂದ "ಆ ಬೆಡ್ ಮೇಲೆ ಮಲಗಿಸು, ನಾನು BP ನೋಡ್ತೀನಿ" ಎಂದು ಪಟ್ಟಿ ಕಟ್ಟಲು ಮುಂದೆ ಹೋದಳು. ಇದ್ದಕ್ಕಿದ್ದಂತೆ ಅವಳು ಅಲುಗಾದಳು ಶುರುಮಾಡಿದಳು. ಮೊದಲೇ ಅದು ಸುಮೇಧಾಳ ಮೊದಲ ದಿನ. ಅವಳ ಕೈ ಗಡಗಡ ನಡುಗಲು ಶುರುವಾಯಿತು. "SHE HAS STARTED TO SEIZE" ಎಂದು ಜೋರಾಗಿ ನರ್ಸಿಗೆ ಹೇಳಿದಳು. ತಾನು ಐದು ವರ್ಷ ಓದಿದ್ದೆಲ್ಲಾ ಮಾಯವಾಪ ಏನು ಮಾಡಬೇಕು ಒಮ್ಮೆಲೆಗೆ ತೋಚಲಿಲ್ಲ. ಅಷ್ಟೊತ್ತಿಗೆ ತಲೆ ಮತ್ತೆ ಓಡಲು ಶುರುವಾಯಿತು. ನರ್ಸ್ ಇಲ್ಲಿ 4 MG LORAZEPAM INJECTION ತನ್ನಿ ಎಂದು ಜೋರಾಗಿ ಕಿರುಚಿದಳು ಇನ್ನೇನು ಆ ಇಂಜೆಕ್ಷನ್ ಕೊಡಲು ಮುಂದಾದಳು, ಅಷ್ಟೊತ್ತಿಗೆ ಆ ಮಹಿಳೆಯ ಹೃದಯ ನಿಂತಿತ್ತು. ಸುಮೇಧಾ ತಾನು ನಿಂತಲ್ಲಿಯೇ ಕುಸಿದಳು. ತನ್ನ ಕೈತುದಿಯಲ್ಲಿ ಬರೀ ಒಂದಲ್ಲ ಎರಡು ಜೀವ ಅಂತ್ಯಗೊಂಡವು. ತನ್ನ ಕೈಯಿಂದ ಘೋರ ಪಾಪವಾದಂತೆ ಭಾಸಗೊಂಡಳು. ಆಸ್ಪತ್ರೆಯ ಸುತ್ತ ಶಾಂತತೆ ಆವರಿಸಿತು. ಬಸಪ್ಪನ ಮುಖ ಎದುರಿಸಲು ಆಗಲಿಲ್ಲ. ಡಾ.ಶೇಖರ್ರವರ ಕೊಠಡಿಯಲ್ಲಿ ಹೋಗಿ ಬಿಕ್ಕಿ ಬಿಕ್ಕಿ ಅಳಲು ಶುರು ಮಾಡಿದಳು. ತನ್ನದೇನೂ ತಪ್ಪಿರದಿದ್ದರು, ತನ್ನ ತಾನೆ ನಿಂದಿಸಿಕೊಳ್ಳುತಿದ್ದಳು.

STERILE SINGLE USE

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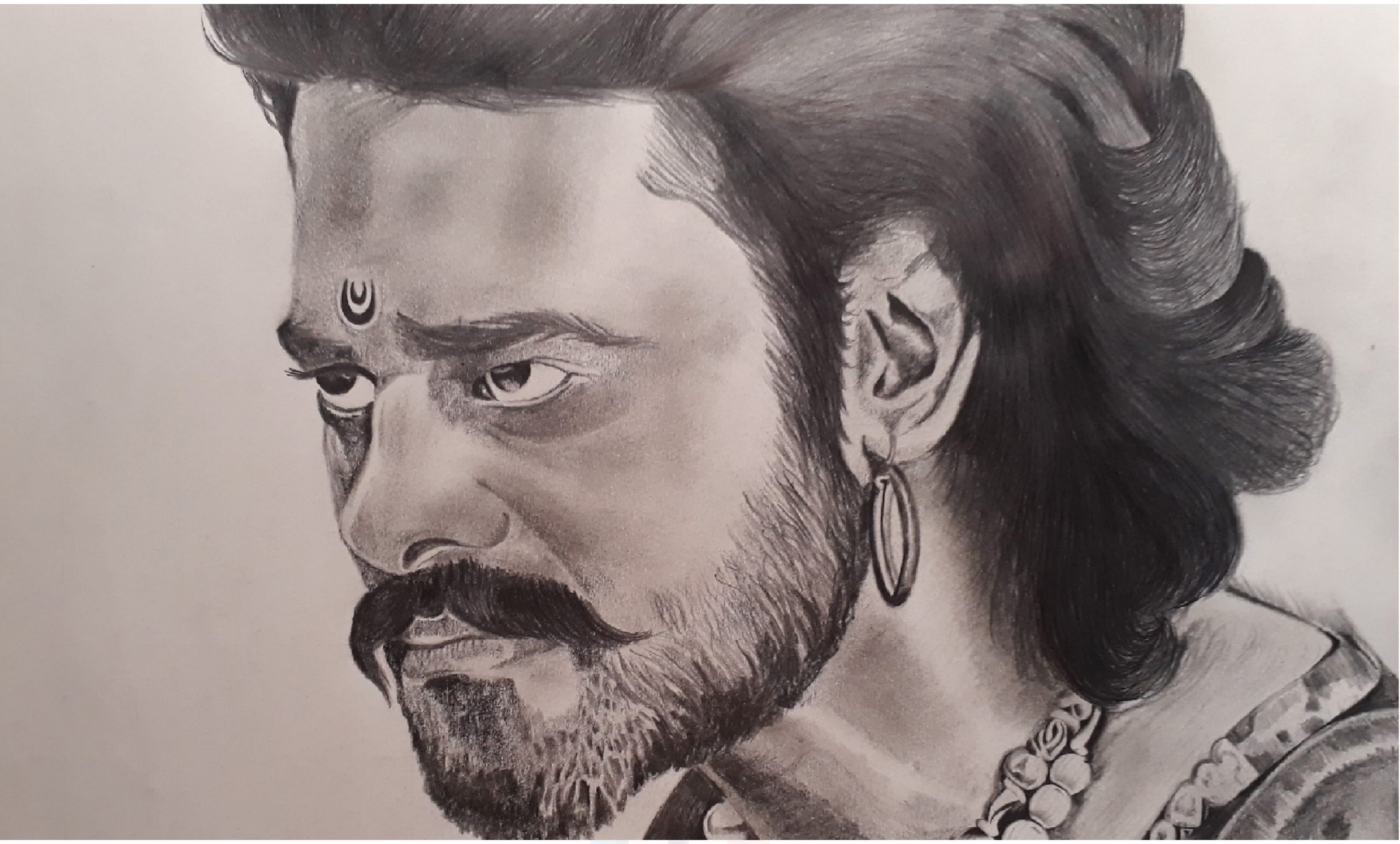
ಬಸಪ್ಪ ಆಸ್ಪತ್ರೆಯ ಹೊರಗೆ ಕುಳಿತಿದ್ದ. ತನಗೆ ಏನೂ ತೋಚುತ್ತಿರಲಿಲ್ಲ. ತನ್ನ ಹೆಂಡತಿ, ಹಾಗು ತನ್ನ ವಂಶೋದ್ಧಾರಕನಾಗಬಹುದಾದ ಮಗು ಕೂಡ ತೀರಿಕೊಂಡಿದ್ದರು. ಅವನಿಗೆ ಯಾಕೋ ಆ ಸಣ್ಣ ಡಾಕ್ಟರ ಮೇಲೆ ಸಿಟ್ಟು ಬರಲು ಶುರುವಾಯಿತು. ತನ್ನ ಹೆಂಡತಿ ಹಾಗು ತನ್ನ ಕೂಸಿನ ಮರಣಕ್ಕೆ ಸುಮೇಧಾಳನ್ನು ಕಾರಣವಾಗಿ ವೈದ್ಯ ಹೇಳಿದ ಮಾತನ್ನು ತಾನು ಕೇಳಿರಲಿಲ್ಲ. ಒಂದು ಗಂಟೆಯ ಮುಂಚೆಯೇ ಸುಮೇಧಾಳಿಗೆ ತೋರಿಸಿದ್ದರೆ ಚಿನ್ನಮ್ಮ ಬದುಕಿರುತ್ತಿದ್ದಳು. ಇವನೇ ದೊಡ್ಡ ಡಾಕ್ಟರ ಬೇಕು ಎಂದು ಹಠ ಹಿಡಿದು ಕುಳಿತುಕೊಂಡಿದ್ದ. ಇಷ್ಟೆಲ್ಲಾ ಆದರೂ ಸುಮೇಧಾಳೇ ಚಿನ್ನಮ್ಮ ಹಾಗು ಅವನ ಕೂಸಿನ ಮರಣಕ್ಕೆ ಕಾರಣ ಎಂದು ತನಗೆ ತಾನು ದೃಢಪಡಿಸುತ್ತಾ ಬಂದ.

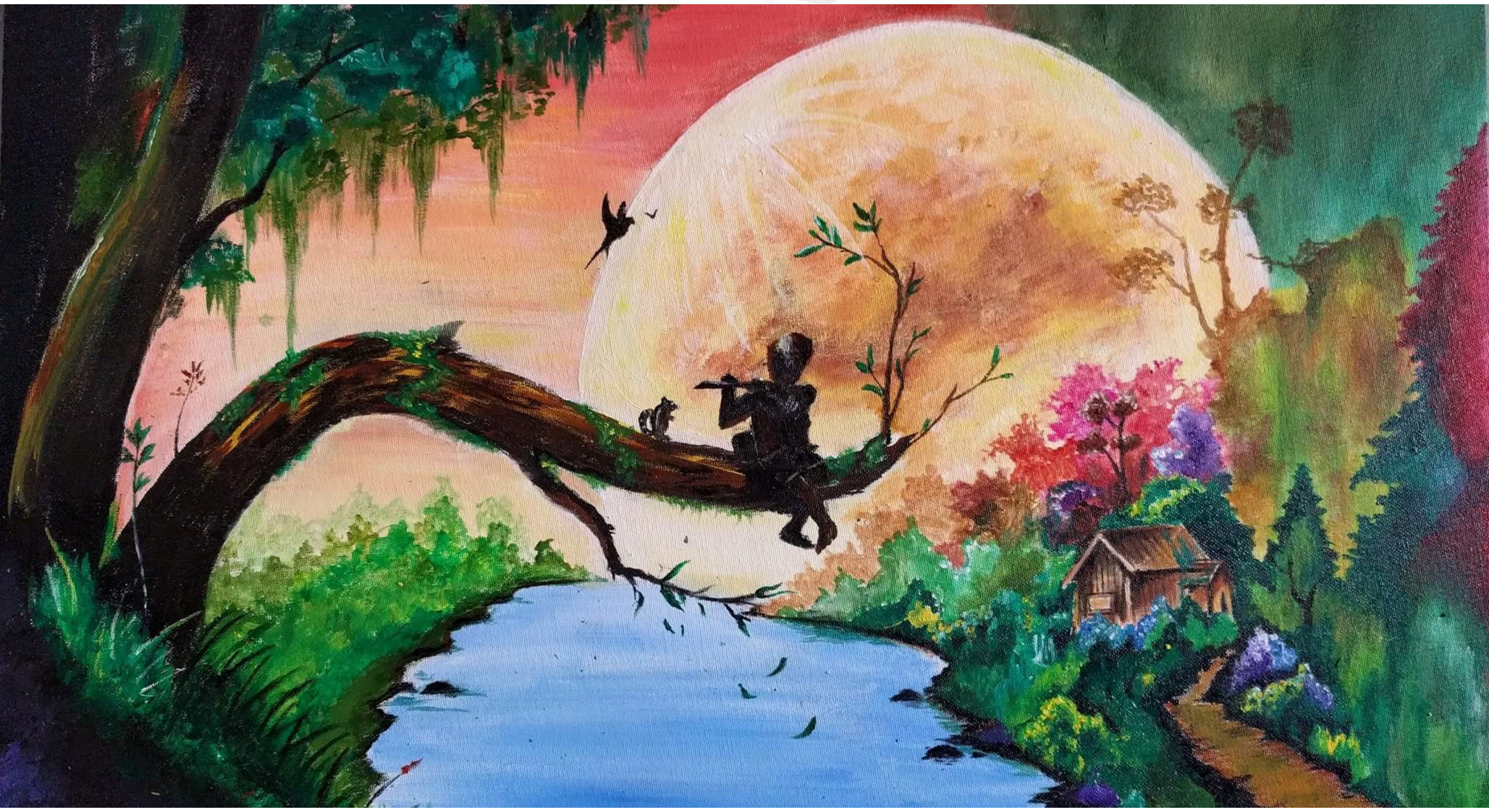
"ಇವಳು ತಪ್ಪು ಔಷಧಿ ಕೊಟ್ಟು ನನ್ನ ಹೆಂಡತಿ ಹಾಗು ಮಗುವನ್ನು ಕೊಂದಳು. ಇವಳು ನಮಗೆ ನಿರ್ಲಕ್ಷ್ಯ ತೋರಿಸಿದಳು. ನನ್ನ ಹೆಂಡತಿ ಕೂಸನ್ನು ನಾನು ಈಕೆಯಿಂದನೇ ಕಳೆದುಕೊಂಡೆ" ಅಂತ ಊರಿನವರಿಗೆಲ್ಲಾ ಬಿಕ್ಕಿ ಬಿಕ್ಕಿ ಅಳುತ್ತಾ ಸುಮೇಧಾಳನ್ನು ದೂಷಿತಳನ್ನಾಗಿ ಮಾಡುತ್ತಾ ಬಂದ. ಸುಮೇಧಾಗೆ ತನ್ನ ತಪ್ಪಲ್ಲ ಎಂದು ತಿಳಿದಿದ್ದರು ಬಾಯಿಯಿಂದ ಮಾತು ಬರದೆ ನಿಷಬ್ದಳಾಗಿದ್ದಳು. ಬಸಪ್ಪನ ಸಿಟ್ಟು ,ರೋಷ ಈಗ ಆಕಾರದಾಟಿ ಮೇಲೇರಿತ್ತು. ತನಗೆ ಪರಿಚಯವಿದ್ದ ನಾಕೈದು ಗುಂಡಾಳುಗಳನ್ನು ಕರಕೊಂಡು ಆಸ್ಪತ್ರೆ ನುಗ್ಗಿದ. ಎಲ್ಲರು ಸೀದಾ ಸುಮೇಧಾಳ ಹತ್ತಿರ ಹೋಗಿ, ಹೆಂಗಸು ಎಂದೂ ನೋಡದೆ ಎಗ್ಗಾಮುಗ್ಗ ಹೊಡೆದರು. ಸುಮೇಧಾಳಿಗೆ ದೊಡ್ಡ ಗಾಯಗಳಾದವು. ಅನೇಕ ಏಟುಗಳು ಬಿದ್ದವು. ಅವಳು ನೆಲಕ್ಕೆ ಕುಸಿದಳು. ರಕ್ತ ಹರಿಯುತ್ತಿತ್ತು. ಅಂದು ದುಗ್ಗಾವತಿಯಲ್ಲಿ ಚಿನಮ್ಮ ಹಾಗೂ ಅವಳ ಕೂಸಿನ ಜೊತೆ, ಇನ್ನೊಂದು ಮುಗ್ದ ಜೀವ ಅಂತ್ಯಗೊಂಡಿತು.

ಸುಘೋಷ್ ಮುತಾಲಿಕ್
ಫೇಸ್ II, ಅಥರ್ವ



Kanthesh Katti
Phase III/II, Advitiyas
ART WORK (pencil sketch)

LaxmiPrasad
Phase III/II, Advitiyas
ART WORK (water colour)



ನಂದೊಂದು, ಹೀಗೊಂದು !!!!!

Picture Courtesy: Google.

ಮತ್ತೇ ಅದೇ ಸಂಜೆ, ಅದೇ ಪಾರ್ಕು, ಅದೇ ಹಸಿರು ತುಂಬಿದ ಗಿಡಮರ, ಅದೇ ರಾಗ, ಅದೇ ಸಂಗೀತ, ಅದೆಲ್ಲರ ಮಧ್ಯೆ ನಾನೊಬ್ಬನೇ ಒಂಟಿಯಾಗಿ, ಏಕಾಂಗಿಯಾಗಿ, ನಿನ್ನದೇ ಯೋಚನೆಯಲ್ಲಿ, ಅದೇ ಹಳೇ ನೆನಪಲ್ಲಿ ಕುಳಿತಿದ್ದೇನೆ.

ಇದೇ ಜಾಗದಲ್ಲಿ ನಿನ್ನ ಮುಂಗುರುಳು ಮಾಡಿದ ಮಾಯೆಗೆ ನಾನು ಸೂತಿದ್ದೇ, ನನ್ನ ಪ್ರೇಮ ಪ್ರಾರಂಭವಾದದ್ದು ಇಲ್ಲಿಂದನೇ. ಅದೇ ಬೆಂಚಕಲ್ಲಿನ ಹಿಂದೆ ಇರೋ ಮರದ ಮೇಲೆ ಕೆತ್ತಿ ಬರೆದಿರೋ ನಮ್ಮಿಬ್ಬರ ಹೆಸರು, ಅದು ಬರಿ ಹೆಸರಲ್ಲ ನಮ್ಮ ಉಸಿರು ಕೂಡಾ ಹೌದು....

ಪ್ರೀತಿ ಕುರುಡು ಅಂತಾರಲ್ಲ ಪರವಾಗಿಲ್ಲ ಬಿಡು, ನನ್ನ ಪ್ರೀತಿ ಶುರುವಾದದ್ದು ಹೃದಯದಿಂದ, ಹುಚ್ಚು ಮನಸಿನಿಂದ ಹೊರತು ಆ ಕಣ್ಣಿನಿಂದಲ್ಲಾ,

ನಿಜವಾಗಿ ನಿಂಗೆ ಒಂದು ಮಾತೂ ಹೇಳಲಾ!???

"ನನ್ನ ಕಣ್ಣಿಗೆ, ನನ್ನ ಹೃದಯದ ಮೇಲೆ ತುಂಬಾ ಹೊಟ್ಟೆ ಕಿಚ್ಚು ಕಣೇ, ಯಾಕೆಂದರೆ ನೀನು ನನ್ನ ಹೃದಯಕ್ಕೇ ಹತ್ತಿರ ಇದಿಯಾ, ನನ್ನ ಹೃದಯದಲ್ಲೇ ಮನೆಮಾಡಿದಿಯಾ, ಆದ್ರೆ ಈವತ್ತು ನನ್ನ ಕಣ್ಣೀಗಿಂತ ದೂರಇದಿಯಲ್ಲಾ ಅದಕ್ಕೆ.....

ಮೋದ ಮೊದಲು ನಾನು love letter ನೋಡಿರಲಿಲ್ಲ just ಆದರ ಬಗ್ಗೆ ಕೇಳಿದ್ದ ಅಷ್ಟೇ, ಆದರೆ ಯಾವಾಗ

ನಾನು ಬರೆದ ಆ ಮೊದಲ ಪತ್ರ

"ಮನದಾಳದ ಮಾತು ಕೇಳೆ

ಓ ನನ್ನ ಮುಂಗಾರು ಮಳೆ

ನಿನಗಾಗಿ ಬರೆದೆ ಈ ಹಾಳೆ

ಉತ್ತರ ತಿಳಿಸು ನಿ ನಾಳೆ" ಅಂದಿದ್ದಕ್ಕೆ ಆ ದಿನಾನೇ ನಿನ್ನಿಂದ ಉತ್ತರ ಬಂತಲ್ಲ!!!... ನಿಜವಾಗಿಯೂ ಅದೊಂದು ನನ್ನ ಜೀವನದ ಮರೆಯಲಾಗದ ಸಂಗತಿ.. ಆವತ್ತು ನೀನು ಬರೆದ ಬಿಳಿ ಹಾಳೆಗೆ "ನಾನು ಬಾಗಿ ನಿಲ್ಲುವೇ, ಓ ನನ್ನ ಚೆಲುವೆ" ಕೋಗಿಲೆ ಹಾಡೋದು ಮರೆಯಲು ಸಾಧ್ಯನಾ??? ಆಗಸದ ನೀಲಿ ಖಾಲಿಯಾಗಲೂ ಸಾಧ್ಯನಾ!?? ಕಾಮನಬಿಲ್ಲಿನ ರಂಗು ಮುಗಿದು ಹೋಗೋದು ಸಾಧ್ಯನಾ?? ಅದೇ ತರಹ ನಾನು ಅಷ್ಟೆ ನಿನ್ನ ನಗೆ, ನಿನ್ನ ಮುಂಗುರುಳು, ನಿನ್ನ ಗುಳಿಕೆನ್ನೆ, ನಿನ್ನ ಕೆಂದುಟಿ, ನಿನ್ನ ಮುಂಗೈ, ಇವೆಲ್ಲಾ ಮರೆಯಲು ಸಾಧ್ಯವೇ ಇಲ್ಲಾ....

"ಹಗಲಿರಲಿ-ಇರುಳಿರಲಿ, ನೀನಿರದೆ ನಾ ಹೀಗಿರಲಿ"??? ಎಷ್ಟೊಂದು ದಿನ ಆಯ್ತು ನನ್ನ ಬಿಟ್ಟು ಹೋಗಿ??? ಚಿನ್ನ,,,,, ನಿನಗಾಗಿ ನನ್ನ ಹೃದಯವನ್ನೇ ತ್ಯಾಗ ಮಾಡಿದ್ದೇನೆ, ನೀನು ಮೊದಲೇ ಹೇಳಿದ್ರೆ ನನ್ನ 2 kidney ಸಹ

ಓ ನನ್ನ ಮುಂಗಾರು ಮಳೆ

ನಿನಗಾಗಿ ಬರೆದೆ ಈ ಹಾಳೆ

ನಿಂಗೆ ಕೊಡ್ತಾಯಿದ್ದೆ, ಯಾಕೆ ನಂಗೆ ಹೇಳಲಿಲ್ಲ???? ನಿನ್ನ 2 kidney fail ಆಗಿವೆ ಅಂತಾ!!,,, ಮುಂದಿನ ಜನ್ಮ ಅಂತ ಇದ್ರೇ ಜೀವನಪೂರ್ತಿ ನಿನ್ನ ಜೊತೆನೇ ಬಾಳಿ, ಬದುಕಬೇಕೆಂಬ ಆಸೆ...

ಜೀವನ ಅಂದ್ರೆ ಏನು ಅಂತಾ ಗೊತ್ತಿರದಿದ್ದ ನನಗೆ ಜೀವನದಲ್ಲಿ ನನ್ನ ಕಿರು ಬೆರಳನ್ನು ಹಿಡಿದು ತಂದು ಬದುಕುವುದು ಹೇಗೆ ಅಂತಾ ನಾನು ನಿನ್ನಿಂದ ಕಲಿತೆ, ಆದ್ರೆ ನೀನಿಲ್ಲದ ಆ ಬದುಕು ನಂಗೂ ಸಹ ಬೇಡ. ನಂಗೂ ನಿನ್ನ ಹಿಂದೆ ಹಿಂದೆನೇ ಬರಬೇಕೆಂಬ ಆಸೆ.....

ಕೆಲವೊಮ್ಮೆ ನನ್ನ ಸಂತೋಷ, ಕನಸು, ನೋವು-ನಲಿವು, ಸುಖ-ದುಃಖ ಯಾರ ಜೊತೆಯಲ್ಲಿ ಹಂಚಿಕೊಳ್ಳಲಿ!!???? ನನ್ನ ಮನದಾಳದ ಮತು ಯಾರಿಗೆ ಹೇಳಲಿ??? ಅದಕ್ಕೆ ಮೂಕ ಮನಸಿನೊಂದಿಗೆ ನನ್ನ ಪಿಸುಮಾತನ್ನು ಹಂಚಿಕೊಳ್ತಾ ಇದ್ದೀನಿ. ......

ನಾನು ಬರೆದಿರೋ ಈ ಪತ್ರಕ್ಕೆ ನನ್ನೆದೇಲಿರೋ ನಿನ್ನ ಕಣ್ಣ ನೋಟವೇ ಸಾಕ್ಷಿ,

ನನ್ನ ಮನದ ತುಡಿತ-ಮಿಡಿತ, ಆವ-ಭಾವ, ಗೀತ-ಸಂಗೀತ, ರಾಗ-ಅನುರಾಗ, ಕವಿತೆ-ಕಾವ್ಯ, ಕಥೆ-ಕವನ, ಪ್ರೀತಿ-ಪ್ರೇಮ, ಎಲ್ಲಾವನ್ನು ಹಂಚಿಕೊಳ್ತಾ ಇದೀನಿ... ಅದಕ್ಕಾಗಿ ಆ ನೋವೆಲ್ಲ ಮರೆಯಲು ನನ್ನ ಮನದೊಂದಿಗೆ ಮಾತಾಡುತ್ತಾ ಈ ಕಾಗದ ಬರೀತಾ ಇದೀನಿ... ....

ಇಂತಿ ನಿನ್ನ

""ಜೀವದ ಜೊತೆಗಾರ""

ದಿಗಂಬರ ಎಸ್ ಕಣಶೆಟ್ಟಿ

ಫೇಸ್ I, ಅಗ್ನಿತ್ರಯ

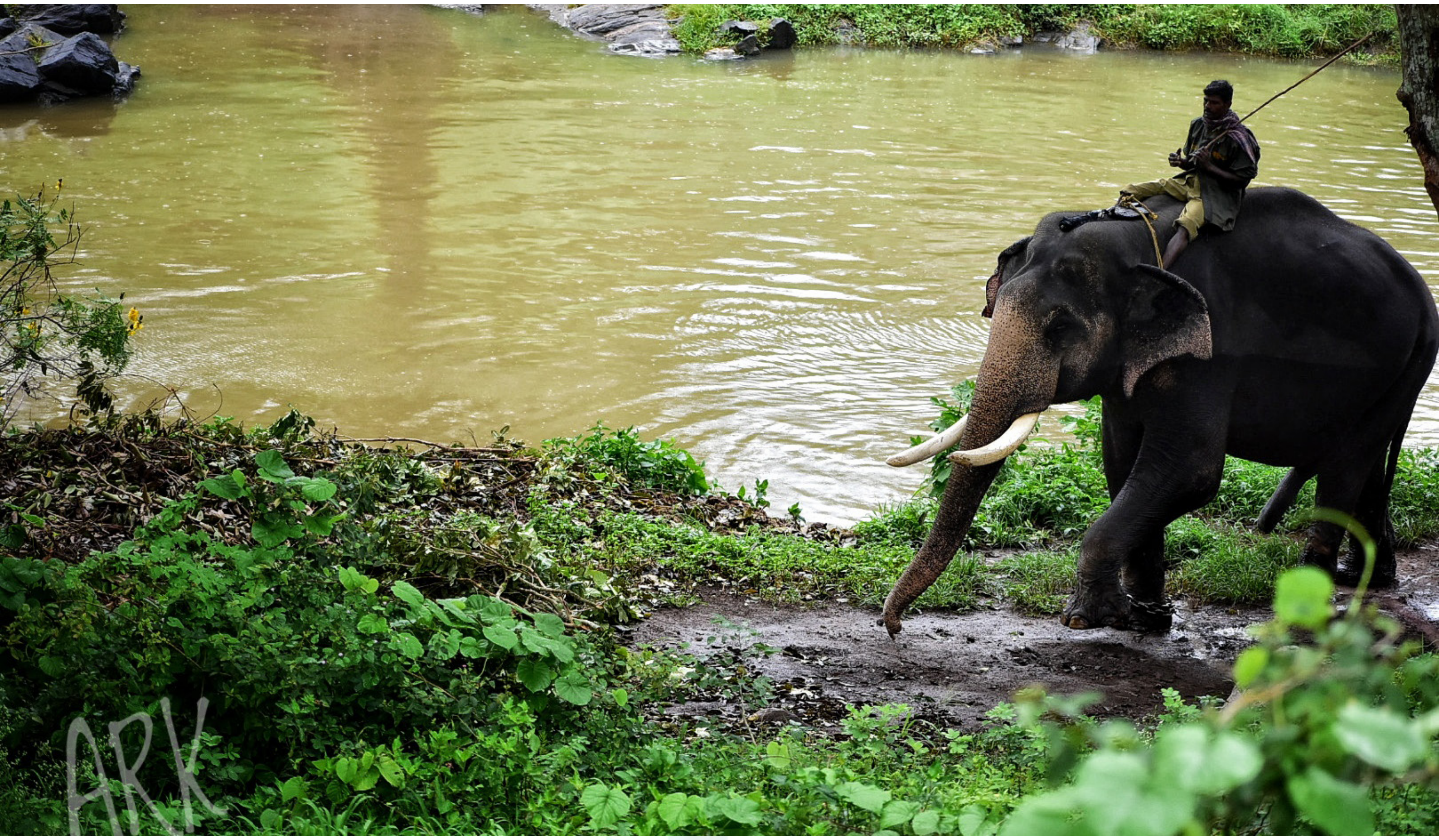
ಸೂರ್ಯಾಸ್ತ

ದಿಗಂತದಾಚೆಗೊಂದು ಮನೆ
ಅಲ್ಲಿ ಕಾಯುತ್ತಾ ಕುಳಿತಿರುವ ಲಲನೆ
ಸಿಂಗರಿಸಿದೆ ಪಡುವಣ ಅವನ ಆಗಮನಕ್ಕೆ
ಸಂಪದ್ಭರಿತ ಅವರ ಅಮರ ಪ್ರೀತಿಯ ಮಿಲನಕ್ಕೆ

ಪ್ರಿಯತಮೆಯ ನೋಡುವ ಕಾತರ
ಮನೆಗೆ ಹೋಗಲವನಿಗೆ ಆತುರ
ಅದ ಕಂಡು ಸಾಲಲ್ಲಿ ಸೆರೆಯಿಡಿಯಲು ಕವಿರಸ
ನಾಚಿ ಕೆಂಪಾಗಿ ತರುಗಳಿಂದೆ ಮರೆಯಾದ ನೇಸರ.

ನೆರಳು

Picture Courtesy: Google.



Adnan Rafiq
Phase III/I, Avyukthas
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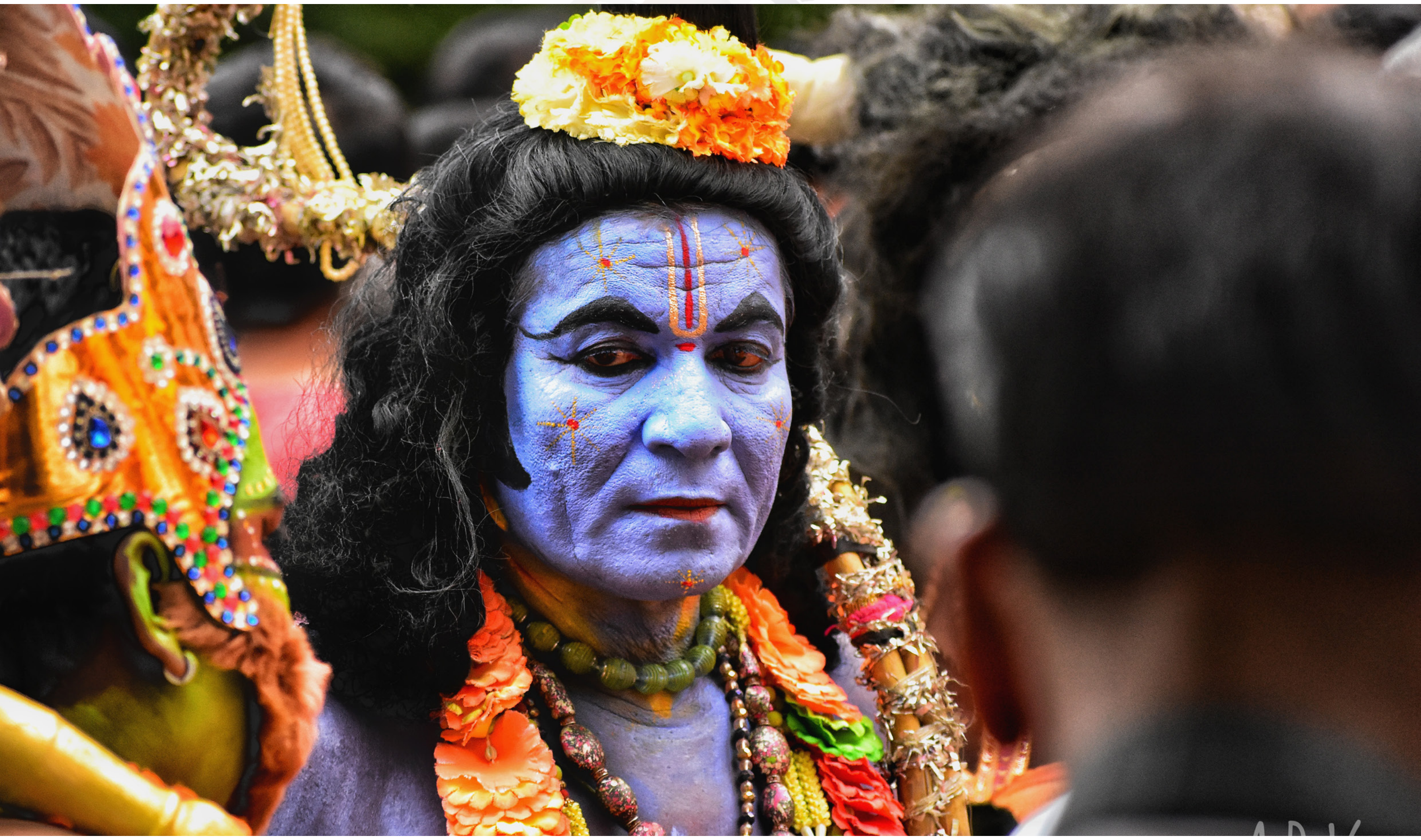


ಕಿರಿಕ್ Doctors

ಬರಿ ಕಿರಿಕ್ Doctors ಅಂತ ನೆನದರೆ ಸಾಕು - ಪಡೆದ ಅನುಭವ ಹಾಗೂ ಸಾಗಿದ ಸಂಪೂರ್ಣ ಪ್ರಯಾಣ ; ತಲೆಯ ಸುತ್ತ ಗಿರನೆ ಸುತ್ತಿ ; ಕಣ್ಣ ಸುತ್ತ ನೆನಪ ಬುತ್ತಿ , ಮನಸಿಗೊತ್ತಿ - ಕೊನೆಗುಳಿವುದು ಮಂದಹಾಸದ ನಗೆ ಶಕ್ತಿ ಒಂದೇ...

ಈಗ ಮೊದಲಿಂದ ಬರುವೆ ...ಒಂದೇ ಮಾತಲ್ಲಿ ಹೇಳಬೇಕು ಅಂದ್ರೆ , ಕಪ್ಪೆಗಳನ್ನ ಹಿಡಿದು ತಕ್ಕಡಿಯಲ್ಲಿಟ್ಟು ತೂಕ ಮಾಡಿದ ಹಾಗೆ ಅಲ್ಲ , ಕಪ್ಪೆಗಳನ್ನ ಹಿಡಿದು ತಕ್ಕಡಿಯಲ್ಲಿಟ್ಟು - ಚಿತ್ರೀಕರಣ ಮಾಡಿದ ರೀತಿ ಆಗುತ್ತಿತ್ತು , ಹಾಗು ಇದು ಇಪ್ಪತ್ತು ದಿನಗಳ ಕಾಲ - ದಿನ ನಿತ್ಯದ ಕರ್ಮವಾಗಿತ್ತು ... ಕರ್ಮ ಎಂದರೆ ಆ ಗೋಳಿನ ಕರ್ಮವಲ್ಲ ...ಕಾಯಕವೇ ಕೈಲಾಸದ ಕರ್ಮ ... ಏಕೆಂದರೆ ಬಹಳ ಇಷ್ಟ ಪಟ್ಟು ಮಾಡಲು ಕೈ ಹಾಕಿದ ಮೊದಲ ಪುಟ್ಟ ಕನಸು ಇದಾಗಿತ್ತು ...

ಬೆಳಗ್ಗೆ ಎರಡು ಘಂಟೆ , ಸಂಜೆ ಎರಡು ಘಂಟೆ ಸಿಕ್ಕರೆ ಹೆಚ್ಚು ... ಅದು ಆ ಸಮಯದಲ್ಲಿ ಎಲ್ಲರೂ ಬಿಡುವಾಗುವುದು ಮತ್ತೊಂದು ಮುಳ್ಳು ...ಅಂದಹಾಗೆ ನನ್ನ ಮಿತ್ರ ಬಾಂಧವರಿಗೆ ಚುಚ್ಚುತ್ತಿದ್ದ ಮುಳ್ಳು - ಇಂಟರ್ನ್ಶಿಪ್ ಅನ್ನೋ ಚುಚ್ಚು ಮದ್ದು ...

ಕಥೆಯನ್ನು ಸ್ಪೂರ್ತಿದಾಯಕ ಕಿರಿಕ್ ಪಾರ್ಟಿ ಚಿತ್ರದಿಂದ ಇಳಿಸಿ , ಸಂಪೂರ್ಣ ಅಚ್ಚಿಳಿಸದೆ - ಸಣ್ಣ ಪುಟ್ಟ ಏರಿಳಿತಗಳ ಅಚ್ಚರಿಯ ಕಿಚ್ಚನ್ನು ಸೇರಿಸಿ ,ವೈದ್ಯರ ಕಿರಣವನ್ನು ಸ್ವಲ್ಪ ಸಿಂಪಡಿಸಿ , ಮೂಲ ಗೀತೆಗಳ ಮೂಳೆ ಕಿತ್ತು - ನನ್ನ ಕಿರಿಕ್ ಸಾಹಿತ್ಯದಲ್ಲಿ ಮೂಲ ಸಂಗೀತವ ಮುಳುಗಿಸಿ , ಹೊಸ ಆಶಾಕಿರಣದ ನೀಲ ನಕಾಶೆ ಬಿತ್ತರಿಸಲು ಹೆಚ್ಚೇನು ಸಮಯ ಹಿಡಿಯಲಿಲ್ಲ ...

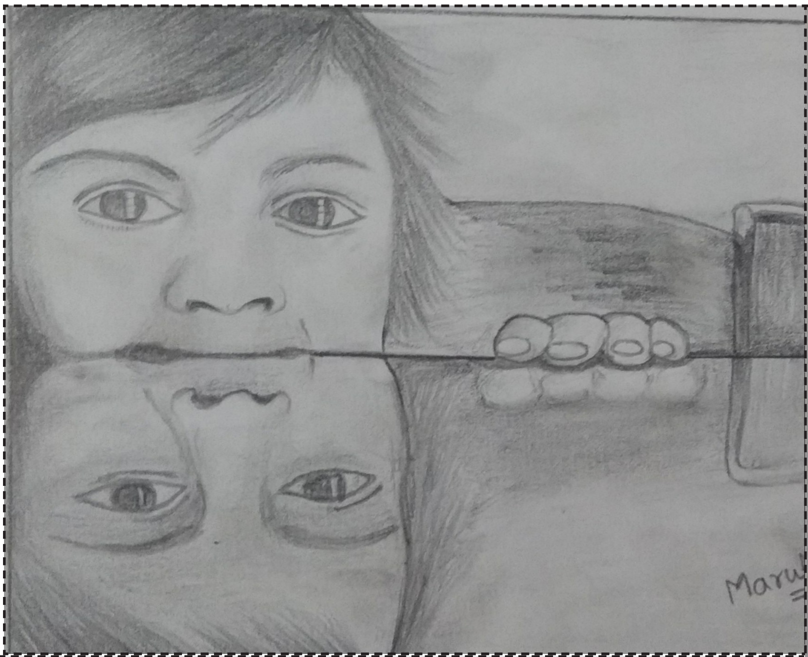
ಮೂರು ದಿನದಲ್ಲಿ ಕಾಗದದ ಬರಹಗಳು ಮುಗಿದು , ಆ ಬರಹದ ಅಕ್ಷರಗಳನ್ನು ಕ್ಯಾಮರ ಮುಂದೆ ನೃತ್ಯವಾಡಿಸಲು - ಒಂದು ಸೂಕ್ತ ತಂಡವನ್ನು ನಾಲ್ಕನೇ ದಿನದಿಂದ ಸಜ್ಜುಗೊಳಿಸಬೇಕಾಗಿತ್ತು ... ಆ ಸಮಯದಲ್ಲಿ , ಪ್ರಮುಖ ಕೆಲಸದ ಎಳೆಯನ್ನು - ಕ್ಯಾಮರಾ ಹಿಂದೆ ಹಿಡಿದಿಡಲು ಸಂತೋಷ್ ಕಣ್ಣನ್ ಹಾಗೂ ಎಡಿಟಿಂಗ್ ಭೂತವನ್ನು ಬಿಡಿಸಲು ಬಾಬು ಶ್ರೀವತ್ಸ ಕಂಕಣ ತೊಟ್ಟು ತಂಡ ಕೂಡಿಕೊಳ್ಳುತ್ತಾರೆ ... ರೋನಕ್ ಮುಖ್ಯ ಪಾತ್ರಕ್ಕೆ ಕರ್ಣನಾಗಿ ಮುತ್ತಿಕ್ಕಿದರೆ , ಅಕ್ಕ-ಪಕ್ಕ ಮತ್ತೇರಿಸುವ ಚೆಲುವೆಯರ ಪಾತ್ರದಲ್ಲಿ ಸ್ವಾತಿ ಸಾನ್ವಿಯಾಗಿ ಹಾಗೂ ಅಪೂರ್ವ ಆರ್ಯಳ ಪರಕಾಯ ಪ್ರವೇಶ ಮಾಡಿ , ಸುಂದರವಾಗಿ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತಾರೆ ...

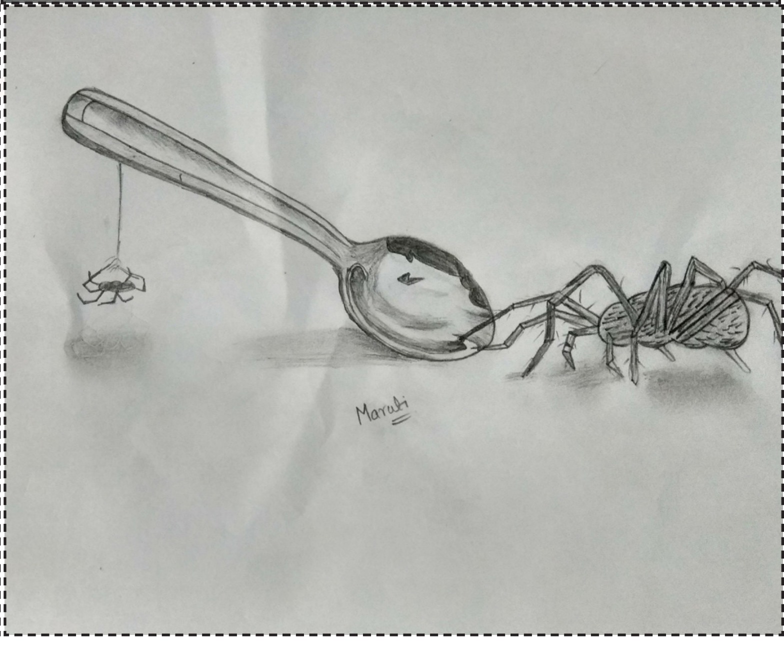
ನಿಧಾನ ಗತಿಯ ಚಾಲನೆ ; ಕುಂಟಿತ ಚಿತ್ರೀಕರಣ ... ಇತ್ತ ನನಗೆ ಲಘು ಮುಗಿಸುವ ಇಂಗಿತ , ಹಾಗೂ ಗ್ರ್ಯಾಡುಎಷನ್ ಡೇ ಸಮೀಪಿಸುತ್ತಿದ್ದರಿಂದ , ಅಷ್ಟರಲ್ಲಿ ಪೂರ್ಣಗೊಳ್ಳುತ್ತದೋ ಇಲ್ಲವೋ ಎಂಬ ಅನುಮಾನದ ಹುತ್ತದ ಪಾಲನೆ ಮನಸಲ್ಲಿ ಸದ್ದಿಲ್ಲದೆ ಶುರುವಾಗಿತ್ತು ... ಮಜ ಇತ್ತು ... ಕಲೀತಾ ಹೋದ್ವಿ ... ಕ್ಯಾಮರ ಬಗೆಗಿನ ಬೇಸಿಕ್ಸನ್ನು ಹೂರಣದ ರೂಪದಲ್ಲಿ ನನಗೆ ರುಚಿಸಿ ಅರ್ಥೈಸಿದ ಸಂತೋಷ್ ಗೆ ಧನ್ಯವಾದಗಳು ... ಹೆಂಗಾದ್ರೂ ಮಾಡಿ , ಏನಾದ್ರೂ ಮಾಡಣ ಅಂದ್ಕೊಂಡು - ಹಂಗು ಹಿಂಗು ಚಿತ್ರೀಕರಣ ಮುಗಿತಪ್ಪ ಅಂತ ನಿರಾಳ ಆಗಬೇಕು !

ಅಷ್ಟರಲ್ಲೆ ಮತ್ತೊಂದು ದೊಡ್ಡ ಟಾಸ್ಕ್ ... ಎಡಿಟಿಂಗ್ , ಡಬ್ಬಿಂಗ್ , ಸಾಂಗ್ ರೆಕಾರ್ಡಿಂಗ್ , ಬಿಜಿಎಮ್ - ಇವಿಷ್ಟು ಮುಗಿಯುವ ತನಕ ಆತಂಕದ ನೀರಲ್ಲಿ ಚಿಂತಿಸಿ ಈಜುತಿದ್ದೆ ... ಆಗ ಬಾಬು , ರಾತ್ರಿ-ಹಗಲು ಕುಳಿತು ಎಡಿಟಿಂಗ್ ಮುಗಿಸೋಣ ಎಂದು ಧೈರ್ಯ ತುಂಬಿ , ನಿದ್ದೆಗೆ ನೀರೆರಚಿ ಕುಂತಲ್ಲೇ ಮನೆ ಮಾಡಲು ಆರಂಭಿಸಿದೆವು ...

ಈ ಆತಂಕಕ್ಕೆ ಕಾರಣ , ನಮಗುಳಿದಿದ್ದ ದಿನಗಳು ಕೇವಲ ಆರು ...ಆ ಆರರಲ್ಲಿ ಪಾರಾಗಿ , ನಾವು ಅರಳಲು - ನಮ್ಮಿಬ್ಬರಿಗೆ ಮತ್ತೆ ಎಡಿಟಿಂಗ್ ನಲ್ಲಿ ಸಾಥ್ ನೀಡಿದವನು ಸಂತೋಷ್ ... ಮೂವರು ನಿದ್ದೆಯನ್ನು ಮರೆತೇ ಬಿಟ್ಟೆವು ನಿಜಕ್ಕೂ ... ಕ್ರಿಯಾಶೀಲತೆಗೆ ತಾಂತ್ರಿಕತೆ ಹಾಗೂ ಚುರುಕುತನದ ಚೂರ್ಣ ಸೇರಿಸಿ , ಖರಾರುವಕ್ಕಾಗಿ ಕೆಲಸ ಕಲಿಯಬೇಕೆಂಬ ಹಸಿವನ್ನು ಯಥೆಚ್ಚವಾಗಿ ಹೊಂದಿದ್ದ ಪ್ರತಿಭೆಗಳು ಬಾಬು ಹಾಗೂ ಸಂತೋಷ್ ... ಇವರ ಬೆಂಬಲ ಹಾಗೂ ನನ್ನ ಎಲ್ಲಾ ಸಹಪಾಠಿಗಕಲಾವಿದರ ಸಹಕಾರದಿಂದ , ನನ್ನ ಪ್ರಯತ್ನಕ್ಕೆ ಒಂದು ಅರ್ಥ ಹಾಗೂ ಫಲ ಸಿಕ್ಕಿತು ... ಕಿರಿಕ್ ಡಾಕ್ಟರ್ಸ್ ಇಂದು ಸಾಮಾಜಿಕ ಜಾಲಾತಾಣದಲ್ಲಿ , ತಕ್ಕ ಮಟ್ಟಿಗೆ ಸದ್ದು ಮಾಡಿ , ದೊಡ್ಡ ಯಶಸ್ಸನ್ನೇ ಕಂಡಿದೆ ... ಯುಟ್ಯೂಬ್ ಮೂಲಕ 5ಲಕ್ಷ ಜನರ (ಅರ್ಧ ಮಿಲಿಯನ್) ಕಣ್ಣಲ್ಲಿ , ಕಿಮ್ಸ್ ವೈದ್ಯರ ಕಿರಿಕ್ ಖುಷಿಯಾಗಿ ಕೂತಿದೆ ಹಾಗೂ ಕಾಲೇಜಿನ ಮೋಜು ದಿನಗಳ ನೆನಪನ್ನು ನೆನೆಸುತ್ತಾ ಮನರಂಜನೆ ನಿಡಿದೆ ಎಂದು ಭಾವಿಸಿ , ನಮ್ಮನ್ನು ಪ್ರೋತ್ಸಾಹಿಸಿದ ಪ್ರತಿಯೊಬ್ಬರಿಗೂ ಧನ್ಯವಾದಗಳನ್ನು ಹೇಳುತ್ತಾ - ಹೋಗಿ ಬರುವೆ ಹೊಸ ಪ್ರಯತ್ನದೊಂದಿಗೆ ಮತ್ತೆ , - ನಿಮ್ಮ ಚಂದು ...

ಚಂದನ್ ಎಲ
ಜೇನೇರ್ಝುನ್





Dr. Maruti Harenhalli

INTERN, Troezians

ART WORK (pencil sketch)

ದೂರ ಹೋದವನೇ!!!!

ಒಂಟಿ ಬಾಳು
ಬೇಸರ ಸಾಗದೆಂದು
ನನ್ನ ಹಡೆದವನೇ..!!

ನನ್ನ ಭವಿಷ್ಯಕ್ಕೇ
ಹಗಲಿರುಳು
ದುಡಿದವನೇ..!!

ನನ್ನ ಸಂತೋಷಕ್ಕಾಗಿ
ನಿನ್ನನ್ನೇ ನೀನು
ತ್ಯಾಗ ಮಾಡಿದವನೇ..!!

ನನ್ನ ಮನದಲ್ಲಿ
ಮನೆ ಮಡಿ
ನಂಬಿಕೆಯ ನಗೆ ಬಿರಿದವನೇ..!!

ಕಾಣದ ಗಾಳಿಯ
ಒಡಲಲ್ಲಿ ತುಂಬಿ
ಜೀವದ ಹೆಸರು ಕೊಟ್ಟವನೇ..!!

ನಿನ್ನ ಇರುವಿಕೆಗೆ
ನಾನೆ ಸಾಕ್ಷಿ, ನನಗಾಗಿ
ಜೀವ ಬಿಟ್ಟವನೇ. .!!

ಕಣ್ಣಿಂದ ಮರೆಯಾಗಿ,
ಕತ್ತಲಲ್ಲಿ ಕರಗಿ,
ಕಾಣೆಯಾದವನೇ, ಕಾಣ ಹೋದವನೇ..

ಬ್ರಹ್ಮನ ಬಳಿ
ಮನವಿ ಮಾಡುವೆ
ನೀ ಬರಬಾರದೆ?????

ಹಡೆದವನೇ,,
ಮರೆಯಾದವನೇ,,
ನನ್ನಿಂದ ದೂರ ಹೋದವನೇ.....!!!!

ಅಪ್ಪಾ!!!!!

ಹೆಗಿದಿಯಾ ಅಪ್ಪಾ..!!

ನಾನಂತು ಆ ಸ್ವರ್ಗ ನೋಡಿಲ್ಲ, ಆದರೆ ನೀನು ಇಂದು ನಮ್ಮನ್ನೆಲ್ಲ ಬಿಟ್ಟು ಸ್ವರಗದಲ್ಲೇ ಇದೀಯ, ಹೇಗಿದೆ ಅಪ್ಪಾ ಆ ಸ್ವರ್ಗ!????!
ನಮ್ಮ ಈ ಕಿರು ಅರಮನೆಗಿಂತ ಚಂದನಾ??   ಅಮ್ಮ ಅಂತು ನಾನು ಚಿಕ್ಕವನಾಗಿದ್ದಾಗೆ ಸ್ವರ್ಗದ ಹಾದಿ   ತುಳಿದವಳು.
ಇನ್ನೂ ನೀನು ಈ ಬದುಕಿನ ಬಾಗಿಲಲ್ಲಿ ತಂದು ನನ್ನನ್ ಬಿಟ್ಟು ಹೋಗಿದಿಯಲ್ಲಾ..???

ಇನ್ನೂ ಇವತ್ತು ನನ್ನ ಕಿರುಬೆರಳಿಡಿದು ಮನೆಯ ಹೊರಗೆ ನಡೆದಾಡಿಸುವವರು ಯಾರೂ ಇಲ್ಲಾ ಅಪ್ಪಾ!!! ನಿನ್ನ ಒಂಟಿ ಬದುಕಿಗೆ ನಾನೊಬ್ಬನೇ ನಿಂಗೆ ಎರಡು ಕಣ್ಣಿನ ಹಾಗೇ, ಇನ್ನೂ ನೀನು ನಂಗೆ ನನ್ನ ಕಣ್ಣ ಕಾಂತಿ, ಕಣ್ಣ ಬೆಳಕು, ಕಿರುನಗೆ, ಮೆಲ್ಲನೆ ಆ ಪಿಸುಮಾತು, ಎಲ್ಲವು ಆಗಿದ್ದೆಯಲ್ಲಾ ಅಪ್ಪಾ!!!...

ಸದಾ ನಾನು ಸಂತೋಷವಾಗಿರಲಿ ಅಂತಾ ಹಗಲಿರುಳು ಡುಡಿದಲ್ಲಪಾ,,, ನೀನಿಲ್ಲಾ ಜೀವನದ ಖುಷಿ ನನ್ನ ಭವೀಷ್ಯಕ್ಕಾಗಿ, ನನ್ನ ಚಿಗುರುವ ಬದುಕಿಗಾಗಿ ತ್ಯಾಗ ಮಾಡಿಬಿಟ್ಟೆಯಲ್ಲಪ್ಪಾ!!!! ಹೇಳಪ್ಪಾ. ನಿನ್ನನ್ನೇ ನೀನೇಕೆ ಮೋಸ ಮಾಡಿಕೊಂಡೆ!!?????? ನೀನಿಲ್ಲದೆ ಈ ಬದುಕು ಬರಿ ಮರಭುಮೀ ತರಹಾ ಅಪ್ಪಾ!! ದಯವಿಟ್ಟು ಮತ್ತೊಮ್ಮೆ ವಾಪಸ್ಸು ಬರುವೆಯಾ ಅಪ್ಪಾ???!!!!

ಕಾಣದೊಂದು ಊರಿಗೆ, ನನೊಬ್ಬನೇ ಕತ್ತಲಲ್ಲಿ, ಒಂಟಿಯಾಗಿ ಬಿಟ್ಟು ಕಣ್ಮುಂದಿಂದ ಕರಗಿ ಕಣೇಯಾದಲಪ್ಪಾ???... ಆದರೂ ಅಪ್ಪಾ ಇಂದಿಗೂ ನೀನು ನನ್ನ ಮನದಲ್ಲಿ ಮನೇಮಾಡಿದಿಯಾ.. ಇವತ್ತಿಗೂ ನಿನ್ನ ಕಣ್ಣಬಿಂಬ ನನ್ನ ಪ್ರತಿಯೊಂದು ಕಣ್ಣೀರಲಿ ಕಾಣಿಸ್ತಾಯಿದೆ ಅಪ್ಪಾ!!!!

ಈ ಜೀವನ ಇರುವುದೇ ಉಸಿರಿನಿಂದ ಅಂತಾರಲ್ಲ, ಅದು ಸುಳ್ಳು ಅಪ್ಪಾ, ನನ್ನ ಜೀವನ ಇರುವುದು ನಿನ್ನಿಂದ ಮಾತ್ರ ಅಪ್ಪಾ!!.. ನಾನೊಬ್ಬನೇ ನೋಡು ನೀನು ಬದುಕಿದ್ದೀಯಾ ಅಂತಾ ಇದ್ದೇನೆ. ನಿಜವಾಗಿಯೂ ಅಪ್ಪಾ ನೀನು ಇರುವುದಕ್ಕೆ ನಾನೊಬ್ಬನೇ ಸಾಕ್ಷಿ......

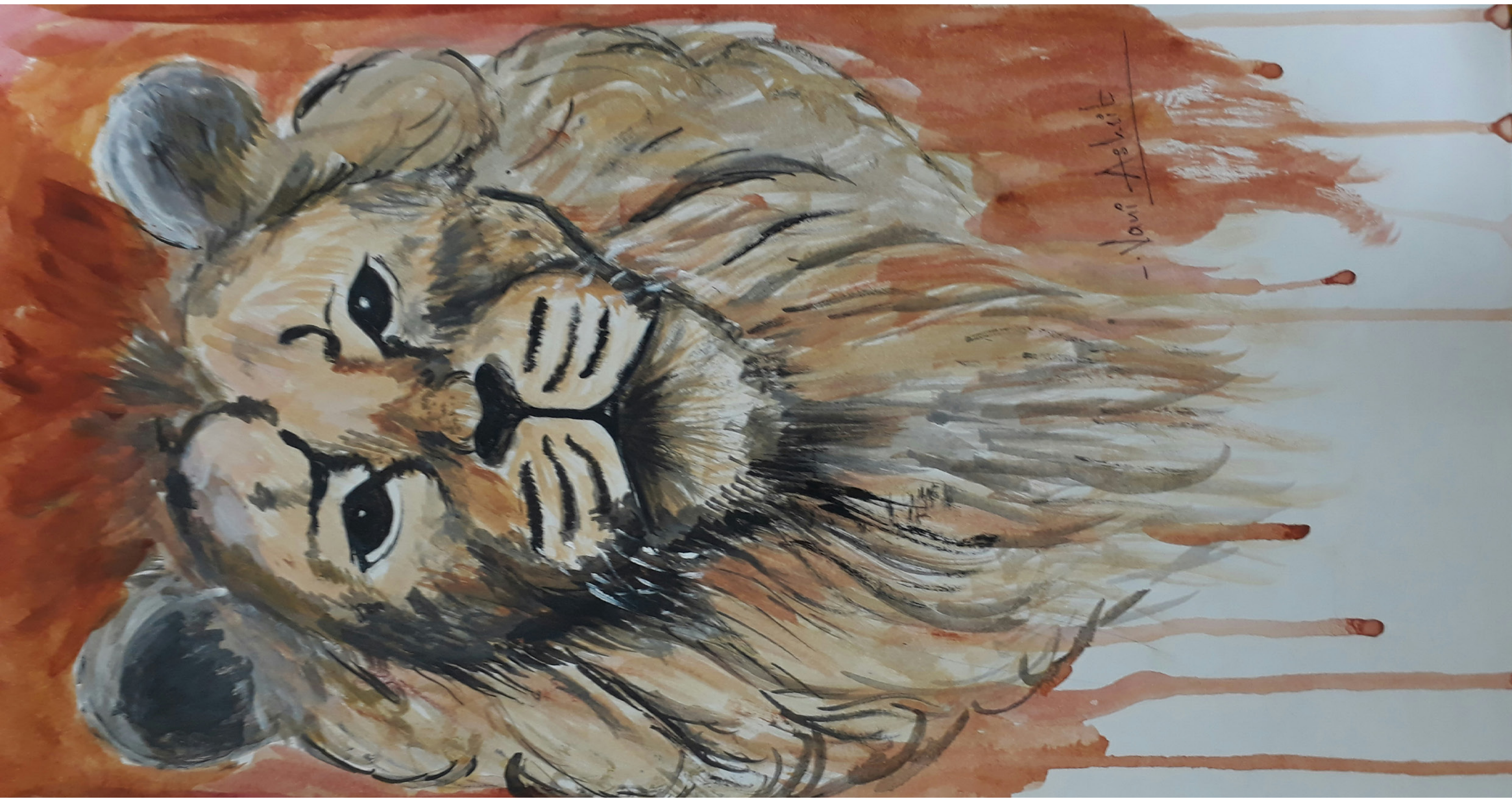
ಅದೊಂದು ರಾತ್ರಿ ಎದೆ ನೋವು ಅಂತಾ ಮಲಗಿದ್ದ ನೀನು ಬೆಳಿಗ್ಗೆಯಾದರು ಎದ್ದೇಳೇ ಇಲ್ಲಾ, ಅಪ್ಪಾ!! ಆವತ್ತು ನಾನಿಟ್ಟ ಕಣ್ಣೀರು ಬಂದು ನಿನಗೇ ತಲುಪಿದಿಯಾ??   ನನ್ನ ಪ್ರತಿ ಕಣ್ಣೀರ ಹನಿಯಲ್ಲೂ ಇಂದಿಗೂ ನಿನ್ನ ನೆನಪು ಕಾಡಿ ಬೇಡಿ ನನ್ನ ಮನ ಕೋರಿತಾ ಇದೆ.....

ಆ ಬ್ರಹ್ಮನ ಬಳಿ ಮನಪುರ್ವಕವಾಗಿ ಮನವಿ ಮಡೂವೇ ನೀ ಮತ್ತೊಮ್ಮೆ ಬರುವೆಯಾ!!???????
ಹೆಳಪ್ಪಾ ನಿ ಬರುವೆಯಾ????
ನಿ ಬರುವೆಯಾ?????

ಇಂತಿ ನಿನ್ನ
ಮುದ್ದಾದ ಮಗ

ದಿಗಂಬರ ಎಸ್ ಕಣಶೆಟ್ಟಿ

ಫೇಸ್ I, ಅಗ್ನಿತ್ರಯ

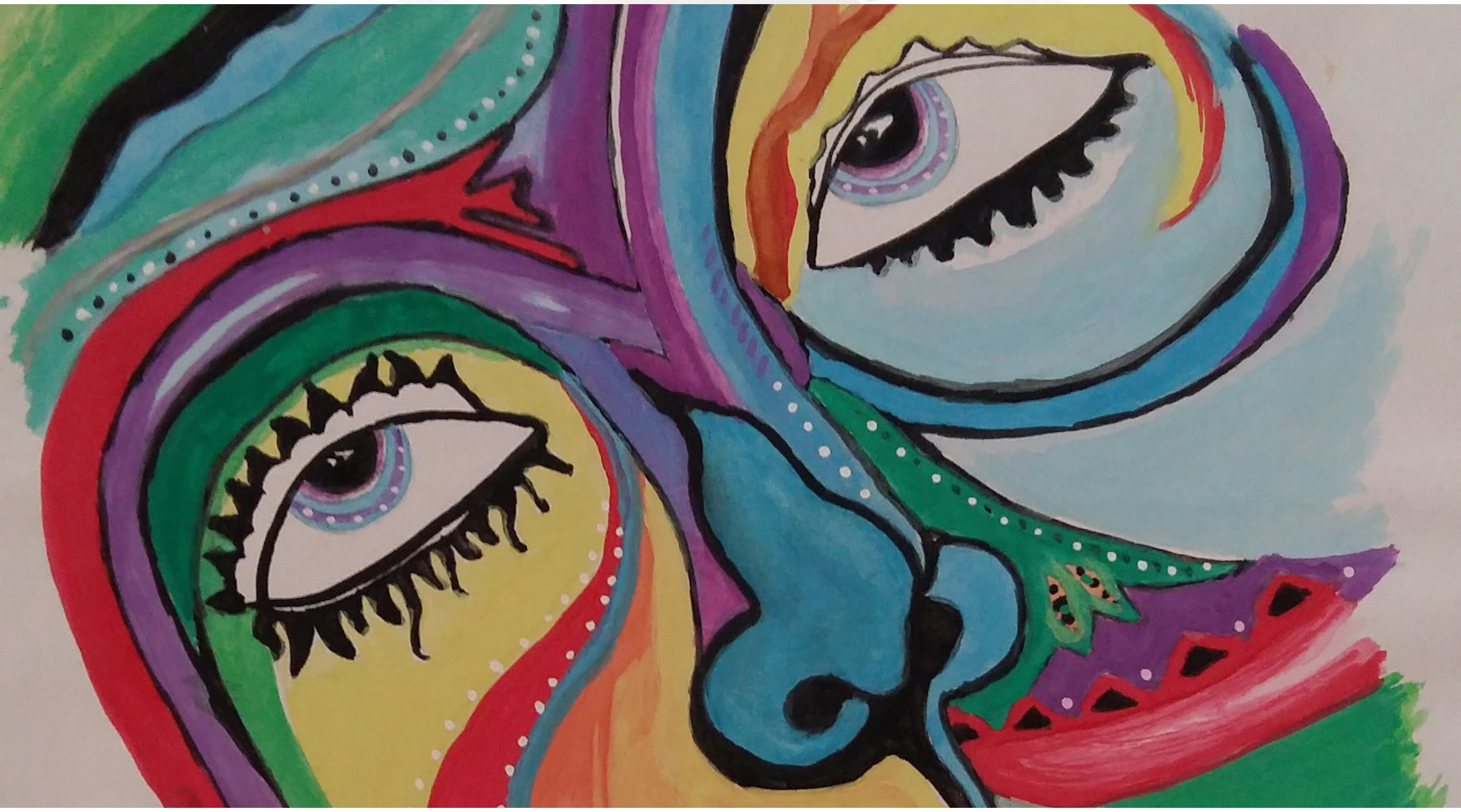


Vani Ashrit

Phase III/II, Advitiyas.
ART WORK (watercolors)

Shreyas Kulkarni

Phase III/I,Avyukthas.
ART WORK (Watercolor)



KIMS Magazine 2017-2018

Picture Courtesy: Google.

ತಿರುವು

ಮುಸ್ಸಂಜೆಯ ಮಂಜಿನ ಸೊಬಗು ಧರೆಯ ಸೌಂದರ್ಯಕ್ಕೆ ಇನ್ನಷ್ಟು ಕಾಂತಿಯನ್ನು ಉಂಟು ಮಾಡುತಿತ್ತು. ಮನೆಯೊಂದರ ಒಳಕೊಠಡಿಯಲ್ಲಿ ಓರ್ವ ಯುವಕನು ಆತನ ಸಹೋದರಿಯೊಡನೆ ಮಾತನಾಡುತ್ತಲಿರುವನು. ತಂಗಿಯೂ ಅಣ್ಣನ ಬಳಿ ಬೇಸರವಾಗುತ್ತಿದೆ, ಕಥೆಯೊಂದನ್ನು ಹೇಳೆಂದಾಗ ಆತನು " ಒಂದು ಊರಿನಲ್ಲಿ ಒಬ್ಬ ರಾಜನಿದ್ದಂತ್ತೆ ಎಂದು ಪ್ರಾರಂಭಿಸಿದ ಕೂಡಲೇ ಆಕೆಯು, " ಅಯ್ಯೋ ! ನಿಲ್ಲಿಸು", ಕಥೆ ಎಂದೊಡನೆ ರಾಜನು ಬಂದು ಬಿಡುವನು ಎಂದು ಟೀಕಿಸುವಳು. ಇಂತಹ ಶಕ್ತಿಪೂರ್ಣವಾದ ಕಥೆ ಬೇಡ ,ಕಾಲಯುಗಗಳನ್ನು ಮೀರಿಸುವ ಪ್ರೇಮ ಕಥೆಯೊಂದನ್ನು ನುಡಿವವನಾಗೆಂದಳು . ಅವನು ಪ್ರೇಮಮಾತ್ರವಲ್ಲ ಪ್ರೇಮಭರಿತವಾದ ನಿಜವಾದ ಯೋಧನ ಕಥೆಯೊಂದನ್ನು ಹೇಳುವೆ ಕೇಳೆಂದನು.

"ವಿಶ್ವದಲ್ಲೇ ಅತಿ ಪರಾಕ್ರಮಿ ಎನಿಸಿಕೊಂಡ ಯೋಧನೋಬ್ಬನಿದ್ದನು. ಆತ ಧೈರ್ಯವಂತ, ಹೃದಯವಂಥನೂ ಆಗಿದ್ದ. ಅರಸನ ಮಗಳಾದ ರಾಜಕುಮಾರಿಯನ್ನು ಭದ್ರವಾಗಿ ನೋಡಿಕೊಳ್ಳುವ ಕೆಲಸವನ್ನು ಅವನಿಗೆ ನೀಡಲಾಗಿತ್ತು. ದೊರೆಯ ಮಗಳನ್ನು ಅವನು ಭದ್ರವಾಗಿ ನೋಡಿಕೊಳ್ಳುತ್ತಿದ್ದ. ಆತ ಆಕೆಗೆ ನೆರಳಿನಂತಿದ್ದ. ಹೀಗಿದ್ದ ಅವನ ಮೇಲೆ ಆಕೆಗೆ ಪ್ರೇಮವರಳಿತು. ಅವನಿಗೆ ಅರಮನೆಯ ಅಡುಗೆ ಕೋಣೆಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದ ಸುಂದರಿಯ ಮೇಲೆ ಪ್ರೇಮವಿರುತ್ತದೆ, ರಾಜಕುಮಾರಿಗೆ ಅವನ ಮೇಲಿದ್ದ ಪ್ರೀತಿ ಸಹೋದರ ಪ್ರೀತಿ. ಯೋಧ ಹಾಗು ಸುಂದರಿ ಈ ಇಬ್ಬರ ಪ್ರೀತಿಯು ವಜ್ರದಂತೆ ಕಠಿಣವಾಗಿತ್ತು,ಅವರಿಬ್ಬರನ್ನು ಬೇರೆಮಾಡಲು ಯಾರಿಂದಲೂ ಸಾಧ್ಯವಾಗದಂತಿತ್ತು. ಸಹೋದರಿಯು ಅಣ್ಣನನ್ನು ಕುರಿತು ಏನೋ ಸದ್ದು ಕೇಳಿ ಬರುತ್ತಲಿದೆ ಕಿಟುಕಿಯ ಬಳಿ ಎಂದಾಗ ಕಿಟುಕಿಯಿಂದ ಒಬ್ಬ ಕಳ್ಳನು ಹಾರುತ್ತಾನೆ. ಕಿಟಕಿ ತೆರದಿತ್ತು ಹಗ್ಗವು ಕಟ್ಟಿತ್ತು. ಅವನು ಹಾರುವುದನ್ನು ಕಂಡ ಯುವಕನು ತಾನು ಹಾರಲು ಮುಂದಾಗಿ ಕಿಟಕಿಯ ಮೇಲೆ ಕಾಲಿಟ್ಟು ಇನ್ನು ಹಾರಬೇಕಿತ್ತು ಅಷ್ಟೇ, ಅಷ್ಟರೊಳಗೆ ತಂಗಿಯೂ ಜೋರಾಗಿ ಚೀರುವಳು. ಭಯಭೀತನಾದ ಯುವಕನು ಕಿಟಕಿಯಿಂದ ಹಾರದೆ ಓಡಿ ತಂಗಿಯ ಬಳಿ ಬರುತ್ತಾನೆ, ಆಕೆಯು ಜಿರಳೆಯನ್ನು ಕಂಡು ಹೆದರಿ ಚೀರಿರುತ್ತಾಳೆ. ಅವನು ಆಕೆಗೆ ಜಿರಳೆಗೆ ಹೆದರುವ ನೀನು ಈ ಚೆನ್ನಮ್ಮನ ಊರಿನ ನಾರಿಯೇ ಎಂದು ಆಕೆಯನ್ನು ಜರಿಯುತ್ತಾನೆ. ದಿನಗಳು ಕಳೆದವು ಮತ್ತೊಂದು ದಿನ ಮನೆಯ ಅಂಗಳದಲ್ಲಿ ವಾರಪತ್ರಿಕೆ ಓದುತ್ತ ಕುಳಿತಿರುತ್ತಾನೆ . ಒಬ್ಬ ಅಮಾನುಷ್ಯ ವ್ಯಕ್ತಿಯು ಅಲ್ಲಿಗೆ ಬಂದು , "ಅಯ್ಯಾ ಯಜಮಾನ್ರೆ ಧರ್ಮ ಮಾಡಿ" ಎಂದಾಗ ಅದಕ್ಕೆ ಯುವಕನು "ಎಲೈ ನರನೇ ನಿನಗೆ ಕೈ ಕಾಲುಗಳೆಲ್ಲ ಸರಿಯಾಗಿಯೇ ಇವೆ ಏಕೆ ಭಿಕ್ಷೆ ಬೆಡುತ್ತಲಿರುವೆ ದುಡಿದು ತಿನ್ನು, ದುಡಿಯದೆ ಭಿಕ್ಷೆ ಬೇಡಿ ತಿಂದರೆ ಮೈಗೆ ಹತ್ತಲ್ಲ " ಎನುತ್ತಾನೆ . ಅಮಾನುಷ್ಯ ಭಿಕ್ಷುಕನು ಅಯ್ಯಾ ನಾನು ಬೇಕೆಂದೇನು ಭಿಕ್ಷೆ ಬೇಡುತ್ತಿಲ್ಲ , ಮಹಾನ್ ಸ್ವಾಮೀಜಿಯೊಬ್ಬರು ೭ ದಿನ ಕಳ್ಳನಾಗಿ ೭ ದಿನ ಭಿಕ್ಷುಕನಾಗಿ ಕೆಲಸಮಾಡಿ ಆ ಹಣದಿಂದ ದೇವಿಗೆ ಅಭಿಷೇಕ ಮಾಡಿದರೆ ನನ್ನ ಮಡದಿಗೆ ಬಂದಿರುವ ರೋಗ ವಾಸಿಯಾಗುವುದು ಎಂದಿದ್ದಾರೆ. ಆದ್ದರಿಂದ ನಾನು ೭ ದಿನ ಕಳ್ಳನ ಕೆಲಸವನ್ನು ನಿಮ್ಮ ಮನೆಯಿಂದ ಪ್ರಾರಂಭಿಸಿ ಇಂದು ಭಿಕ್ಷುಕನ ಕೆಲಸವನ್ನು ಇಲ್ಲಿಯೇ ಮುಗಿಸುವ ನಿಟ್ಟಿನಲ್ಲಿ ಬಂದಿದ್ದೇನೆ ಎಂಬನು. ಸಿಟ್ಟಿಗೆದ್ದ ಯುವಕನು "ಎಲೈ ನರನೇ, ಮೂರ್ಖನೆ , ನಿನಗೆ ಎಷ್ಟು ಸೊಕ್ಕು ನಮ್ಮ ಮನೆಯಲ್ಲಿ ಕಳ್ಳತನ ಮಾಡಿ ಮತ್ತೆ ನನ್ನಲ್ಲಿಯೇ ಬಂದಿರುವೆಯಾ ಕಟ್ಟಿಟ್ಟು ಕೈ ಕಾಲು ಮುರಿದರೆ ಎಲ್ಲ ಸರಿಯಾದೀತು" ಎಂಬನು. ಸ್ವಾಮೀ ನಾನು ಮೋಸ ಮಾಡುವವನಾದರೆ ಏಕೆ ಎಲ್ಲವನ್ನು ಹೇಳುತ್ತಿದ್ದೆ ದಯಮಾಡಿರಿ ಅಯ್ಯಾ ! ಎಂದು ಕೈ ಮುಗಿಯುವನು. ಒಂದು ರುಪಾಯಿಯನ್ನು ಕೊಟ್ಟು ಅವನನ್ನು ಹಿಂಬಾಲಿಸುತ್ತಾನೆ. ಭಿಕ್ಷುಕನು ಕುಟೀರ ಒಂದರೊಳಗೆ ಹೋಗುವನು. ಯುವಕನು ಕಿಟುಕಿಯ ಬಳಿ ನಿಂತು ನೋಡುತ್ತಾನೆ. ಸ್ವಾಮೀಜಿಯೊಬ್ಬರು ಇಬ್ಬರು ಶಿಷ್ಯರೊಂದಿಗೆ ಕುಳಿತಿರುತ್ತಾರೆ . ಹೆಣ್ಣೊಬ್ಬಳು ಶವದಂತೆ ಮಲಗಿರುತ್ತಾಳೆ . ಎಲ್ಲಾ ಹಣವನ್ನು ಸ್ವಾಮೀಜಿಯ ಬಳಿ ಕೊಡುತ್ತಾನೆ. ಸ್ವಾಮೀಜಿ " ದೂರದ ಊರಿಗೆ ಹೋಗಿ ಬಾ ನಿನಗಾಗಿ ನಿನ್ನ ಹೆಂಡತಿ ನಾಳೆ ಕಾಯುತ್ತಾಕುಂತಿರುವಳು" ಎಂದು ಹೇಳುವನು . ಅದನ್ನು ಕೇಳಿ ಭಿಕ್ಷುಕನು ಆ ಕುಟೀರವನ್ನು ಬಿಟ್ಟು ಹೊರಡುವನು. ಸ್ವಾಮೀಜಿಯು ಆತನ ಶಿಷ್ಯಂದಿರ ಬಳಿ ಮಾತನಾಡುವುದನ್ನು ಕೇಳಿ ಅವನು ಮೋಸಗಾರ ಎಂಬ ವಿಷಯ ಹಾಗೂ ಭಿಕ್ಷುಕನ ಹೆಂಡತಿ ಸತ್ತು ೧೦ ದಿನಗಳಾಯಿತು ಎಂಬುವುದು ಯುವಕನಿಗೆ ತಿಳಿದುಬರುತ್ತದೆ. ಕೂಡಲೇ ಭಿಕ್ಷುಕನ ಬಳಿ ದಾವಿಸಿ ಎಲ್ಲವನ್ನು ತಿಳಿಸುವನು. ಅವರಿಬ್ಬರೂ ಸೇರಿ ಜ್ಯೋತಿಷ್ಯನ ಬೆನ್ನೆಲುಬನ್ನು ಎಣಿಸುತ್ತಾರೆ.

ಜ್ಯೋತಿಷ್ಯವನ್ನು ನಂಬುವುದು ತಪ್ಪಲ್ಲ ಅತಿಯಾಗಿ ಕುರುಡರಂತೆ ನಂಬುವುದು ತಪ್ಪು . ಹೃದಯವಂತರಾಗಿರಬೇಕು. "ಮಡದಿಯನ್ನು ಪಕ್ಕದಲ್ಲೇ ಇದ್ದು ನೋಡಿಕೊಳ್ಳದೆ ಸ್ವಾಮೀಜಿಯ ಬಳಿ ಬಿಟ್ಟಿರುವೆಯಲ್ಲ ನಿನಗೆ ಅವಳ ಮೇಲೆ ಪ್ರೀತಿ ಇಲ್ಲವೇ" ಎಂದಾಗ ಕಣ್ಣಲ್ಲಿ ನೀರು ಸುರಿಸುತ್ತಾ "ನನ್ನನ್ನು ಹಾಗೆಲ್ಲ ಹೇಳ ಬೇಡಿ ನಾನು ವಿಶ್ವದಲ್ಲೇ ಅತಿಪರಾಕ್ರಮಿ ಎನಿಸಿಕೊಂಡವನು, ರಾಜನ ಮಗಳನ್ನು ನಿಷ್ಠೆಯಿಂದ ನೋಡಿಕೊಳ್ಳುತ್ತಿದ್ದವನು" ಎಂದು ಸಾರಿದನು. ಅವನ ಈ ಮಾತುಗಳನ್ನು ಕೇಳಿಸಿಕೊಂಡ ಯುವಕನಿಗೆ ತಾನು ತನ್ನ ತಂಗಿಗೆ ಹೇಳುತ್ತಿದ್ದ ಕಥೆಯಲ್ಲಿದ್ದ ಯೋಧನು ಇವನೇ ಎಂಬುದು ಅರಿವಾಗುತ್ತದೆ. ಆತನ ಬಳಿ ಕ್ಷಮೆ ಯಾಚಿಸುವನು, ನಂತರ ಮನೆಗೆ ಹೋಗಿ ತಂಗಿಗೆ ಪೂರ್ಣ ಕಥೆಯನ್ನು ತಿರುವುಗಳೊಂದಿಗೆ ಹೇಳುವನು.

ಮಹಮದ್ ಅಜ್ವರ್

ಫೇಸ್ II, ಅಥರ್ವ

STUDENT MAGAZINE

हिंदी विभाग

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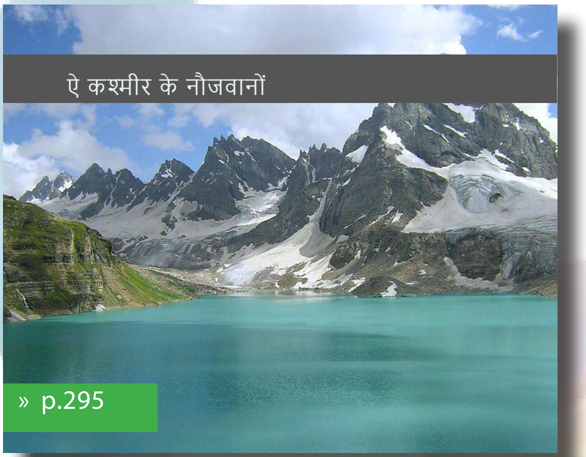
कंन्टेंटस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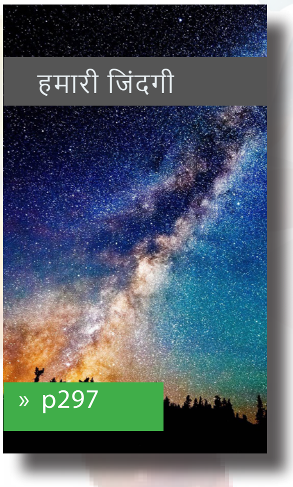
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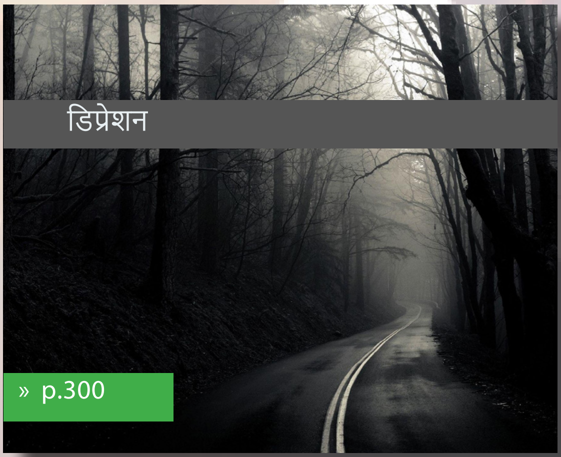

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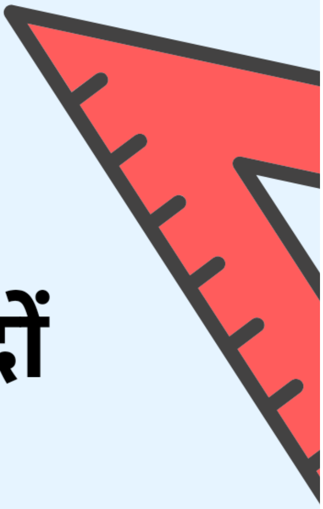


पाठशाला-अनगिनत यादों की मधुशाला

आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
जिंदगी ने फिर दी इजाज़त,
बचपन की दौर लगाने कि है अमानत।।

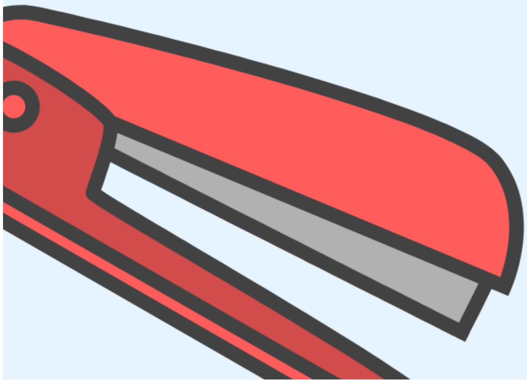
आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
फिर से दिल झूम उठेगा,
सखियों से है जब मिलेगा।।

आँखों में वो मोती होंगे,
खुशियों कि चाहत में जो होंगे डूबे।।

आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
देख के अपने पुण्य शिक्षक,
झुकने-आदर करता मस्तक।।

कक्षा को देखकर अपने,
गुरुजन के वो पाठ हैं गुँझे।।

दिल-ही-दिल एक ख्वाईष् जागी,
बचपन के अमरत्व कि दुआँ हैं माँगी।।

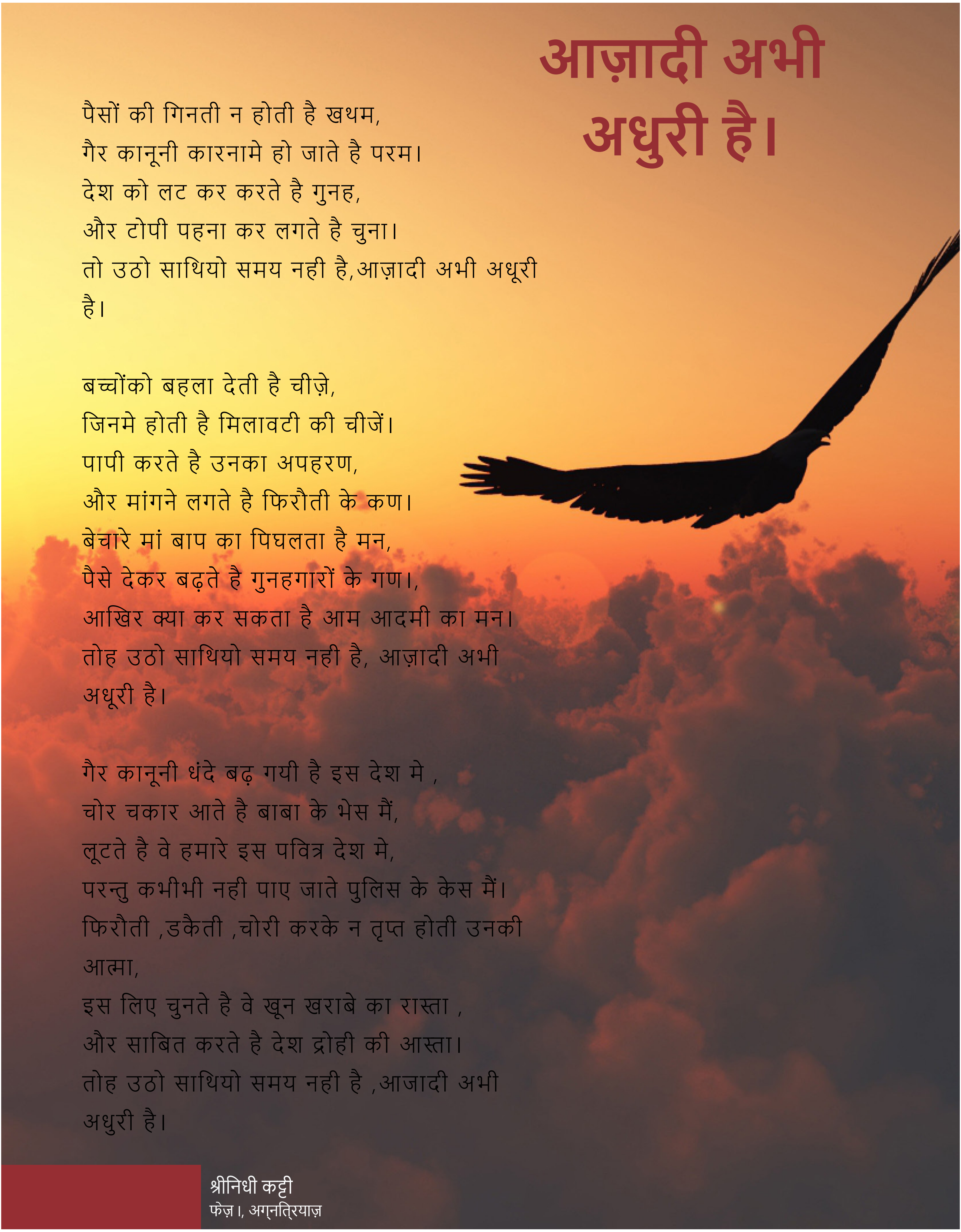


आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
फिर लौटेगा वो दौर,
कुछही लम्हों का मोल।
ना कोई आमधनी पूँछे,
ना कोई काम पर दौड़े मूँछे।।

आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
फिर बनी पाठशाला आँगन,
अन्य मधुशाला का अब क्या हैं ईधन ??

आज फिर लौटा है वक्त,
उन्हीं खूबसूरत लम्हों के संगत।
मन सीचाँ हैं, कुछ वैसे,
रुह बोल उठे कुछ ऐसे –
क्यूँ ढूँड खुशियों को अन्य वन,
जब पहचाना ही है अपना
मधुवन।।

साजिद अहमद
फेज - III/I, अवयुक्ताज



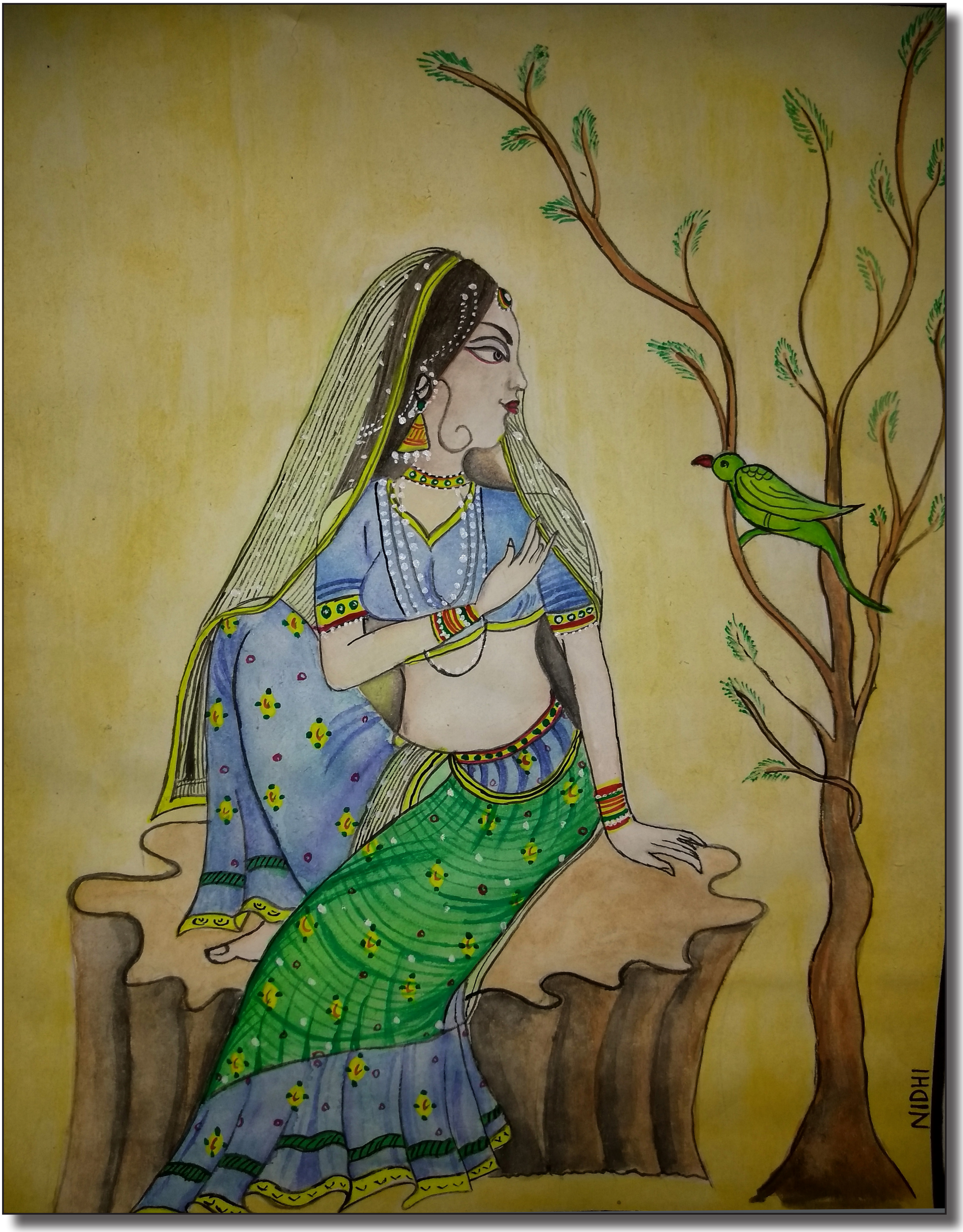
आज़ादी अभी अधुरी है।

पैसों की गिनती न होती है खथम,
गैर कानूनी कारनामे हो जाते है परम।
देश को लट कर करते है गुनह,
और टोपी पहना कर लगते है चुना।
तो उठो साथियो समय नही है,आज़ादी अभी अधूरी है।

बच्चोंको बहला देती है चीज़े,
जिनमे होती है मिलावटी की चीजें।
पापी करते है उनका अपहरण,
और मांगने लगते है फिरौती के कण।
बेचारे मां बाप का पिघलता है मन,
पैसे देकर बढ़ते है गुनहगारों के गण।,
आखिर क्या कर सकता है आम आदमी का मन।
तोह उठो साथियो समय नही है, आज़ादी अभी अधूरी है।

गैर कानूनी धंदे बढ़ गयी है इस देश मे ,
चोर चकार आते है बाबा के भेस मैं,
लूटते है वे हमारे इस पवित्र देश मे,
परन्तु कभीभी नही पाए जाते पुलिस के केस मैं।
फिरौती ,डकैती ,चोरी करके न तृप्त होती उनकी आत्मा,
इस लिए चुनते है वे खून खराबे का रास्ता ,
और साबित करते है देश द्रोही की आस्ता।
तोह उठो साथियो समय नही है ,आजादी अभी अधुरी है।

श्रीनिधी कट्टी
फेज़ I, अग्नित्रयाज़



Nidhi Mehta
Phase II, Atharvas.
ART WORK (watercolor)

खिड़की – जिंदगी की

Picture Courtesy: Google.

[यह कहानी है केवल बारह वर्ष के समीर की, एक अत्यंत वीर बालक जिसने अपने कौशल, शौर्य और हिम्मत से अपने अन्य दोस्तों और अनेक बच्चों के जीवन तो बचा लिया, मगर खुद को समर्पित करके!!!]

यह बात सन् २००७ ई. की है। गर्मियों की छुट्टियाँ चल रहीं थी। मैं, समीर, अपनी वार्षिक परीक्षाओं के बाद अपनी छुट्टियों में चार-चाँद लगाने के लिए, अपनी नानी के घर, लखनऊ, आया हुआ था। मेरे पूर्वज , नानाजी, एक जमाने में स्वतंत्रता सैनानी रह चुके थे, लेकिन स्वतंत्रता के उपरांत अपने ही देशवासियों द्वारा अपनी मातृभूमि को लूटते हुए नहीं देख सके और स्वर्गवास कर गए। उनकी देशभक्ति, दूसरों के प्रति अमर रहनेवाली सहानुभूति और सच्चाई कि लोग आज भी दाद देते हैं। कहते हैं कि इनमें से कुछ गुण मुझे विरासत में मिले। लखनऊ के नवाबी अंदाज और मिठाईयाँ मुझे खूब भाँती थी। मैं, मेरे मामाजी के बच्चे और उनके अन्य दोस्तों के साथ खूब अच्छा वक्त बिता रहा था। सुबह से शाम तक हम अनेक खेल खेलते, जैसे, क्रिकेट, फुटबॉल, कबड्डी, गिल्ली डंडा इत्यादि। मुझे संगीत और गज़लों में भी खास दिलचस्पी थी। अनेक महान व्यक्तियों की आत्मकथा पढ़ने की रुचि मुझे पिताजी से विरासत में मिली थी। रातों को अपने भाईयों के साथ लंबी गप्पीयाँ लगाने का मज़ा ही कुछ और था।

उस समय हाल ही में हमारे प्रिय प्रधानमंत्री श्री लाल बहादुर शास्त्री जी के जीवन पर आधारित एक नाटक लखनऊ में बढ़े ज़ोरों पर था। स्वरुप चित्र मंदिर में इसके दैनिक आधार से चार शो चल रहे थे। मुझे भी यह नाटक को देखने कि आशा जागी। इसलिए मैंने और मेरे मित्रों ने मिलकर शाम ४ बजे का शो देखने का निर्णय लिया।

वह १३ मार्च २००७ का दिन था। कुछ साड़े-तीन बज रहे थे। मैं, मेरे मामाज़ाद भाई और अन्य मित्र पॉपकॉर्न के पैकेट और पैप्सी के बोतलों को हाथ में लिए बढ़ी ही बेताबी से शो शुरु होने की राह देख रहे थे। आखिर परिणाम से बेखबर, हम हँसते-हँसाते मंदिर में प्रवेश लिए। मंदिर में केवल एक ही

आपातकालीन खिड़की थी लेकिन खुशी के वक्त और ऐसी कम-आयू में इन चाजों पर कौन ध्यान देता है? नाटक आरंभ हुआ और हम सब पूर्ण रुचि के साथ शास्त्रीजी की जीवनकथा में डूब गए। लेकिन वक्त ने कुछ और ही सोच रखा था।

[यह कहानी है केवल बारह वर्ष के समीर की, एक अत्यंत वीर बालक जिसने अपने कौशल, शौर्य और हिम्मत से अपने अन्य दोस्तों और अनेक बच्चों के जीवन तो बचा लिया, मगर खुद को समर्पित करके!!!]

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Picture Courtesy: Google.

आग में जला डाली। मौत के मुँह में जा गिरा मैं, मदद की मोहर लगाता गया लेकिन कोई मुड़ के देखा तक नहीं। अनन्य कोशिशों के बाद जब मुझे समझ आ ही गया कि यह अग्नि मेरी अंतिम क्रिया कर के ही छोड़ेगी तो मैंने भी बड़े ही दर्द से मौत को स्वीकार कर लिया। सोचा कि ऐसे समाज में रहकर क्या फायदा जहाँ लोगों की बुद्धि बस मैं, मेरा और मेरे परिवार पर ही आके रुक जाए?

आज पता नहीं मैं कहाँ हूँ, अन्य लोग इसे स्वर्ग कहते हैं। लेकिन बहुत मजे में हूँ। यह बहुत प्यारी जगह है। जब सोचा अन्य लोग भी यहाँ कैसे पहुँचे तो मालूम चला कि यहाँ आने के लिए हमें इन पंक्तियों के अनुसार अपना जीवन बिताना पड़ेगा –

"हम न सोचें हमें क्या मिला है,
हम ये सोचें, किया क्या है अर्पण
फूल खुशियों के बाँटे सभी को
सबका जीवन ही बन जाए मधुवन।"

साजिद अहमद
फेज - III/I, अवयुक्ताज

क्यूं?

कभी-कभी इस दिल को न जाने क्या हो जाता है,
बैठे-बैठे अचानक, यूँ ही रो जाता है।
याद आती है कुछ पुराने दिनों की बहुत,
और आज का पता कहीं खो सा जाता है।

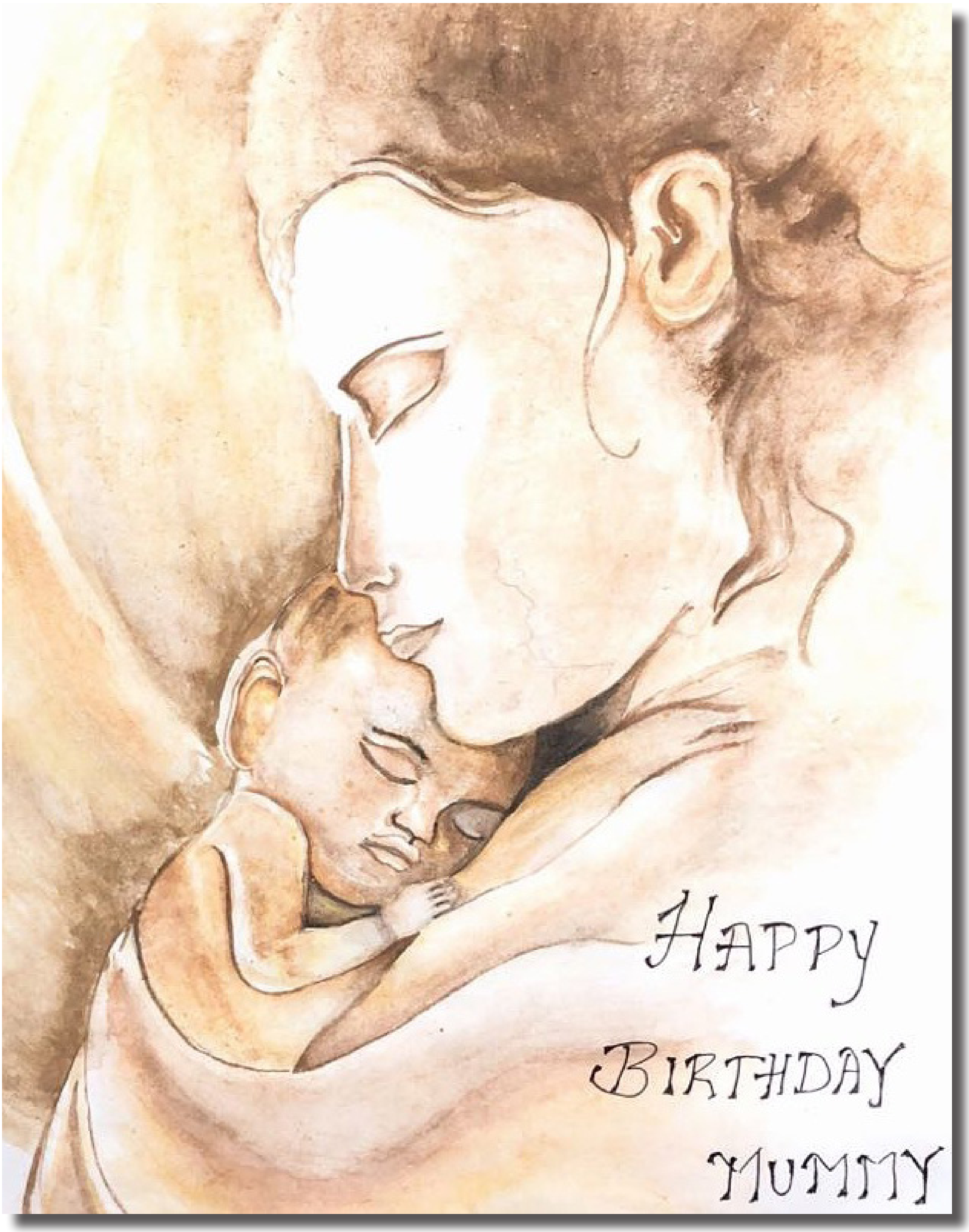
सामने बैठ मेरा बचपन, माँ के हाथ से खाना खाता है,
"माँ सोना है,लोरी सुनाओ!", बस यही कहता जाता है।
जी करता तो है माँ की गोद में सोने का बहुत,
पर इतना बड़ा शरीर अब कहाँ उस गोद में समाता है।

वो जाता है खेलने, गिर कर चोट खाता है,
रोते-रोते भागकर, घर को वापस जाता है।
जो दूरी तय करने में लगते थे चंद मिनट,
वो दूरी तय करने में अब पूरा दिन गुज़र जाता है।

डरावने सपने देख जो उसका मन घबराता है,
एक हाथ आकर उसका सिर सहलाता है।
"ये आप हो न पापा?", सामने से "हाँ" जवाब आता है,
ये भी एक भ्रम था, सुबह उठकर समझ आता है।

वो बड़ा हो गया है, ये वो खुद को समझाता है,
बीते कल को छोड़कर, वो आज में वापस आता है।
पर एक सवाल उसके ज़हन में गूँजता रह जाता है,
बीता हुआ बचपन वापस क्यूँ नहीं आता है?

प्रज्ञांशू शर्मा
फेज़ I, अग्नित्रयाज़


HAPPY
BIRTHDAY
MUMMY

Nidhi Mehta
Phase II, Atharvas.
ART WORK (watercolor)

जब पीछे मुड के देखूं

खुशियाँ, दिखें हर किसी के मुस्कान में,
आँसू भी छलके पलक झपकते नैनो में।
तीस साल, लंबी सफर, पीछे छोड़के चले
अभी भी लगता है आकर मिलेंगे सब गले॥

वो दिन, वो पल क्या आयेंगे लौटकर
अधूरा-सा रह गया एक कशिश, एक लहर।
करते रहते हर दूसरे दोस्त को तंग
कितनी भी मोज हो, ना कभी पढ़ाई में कोई भंग॥

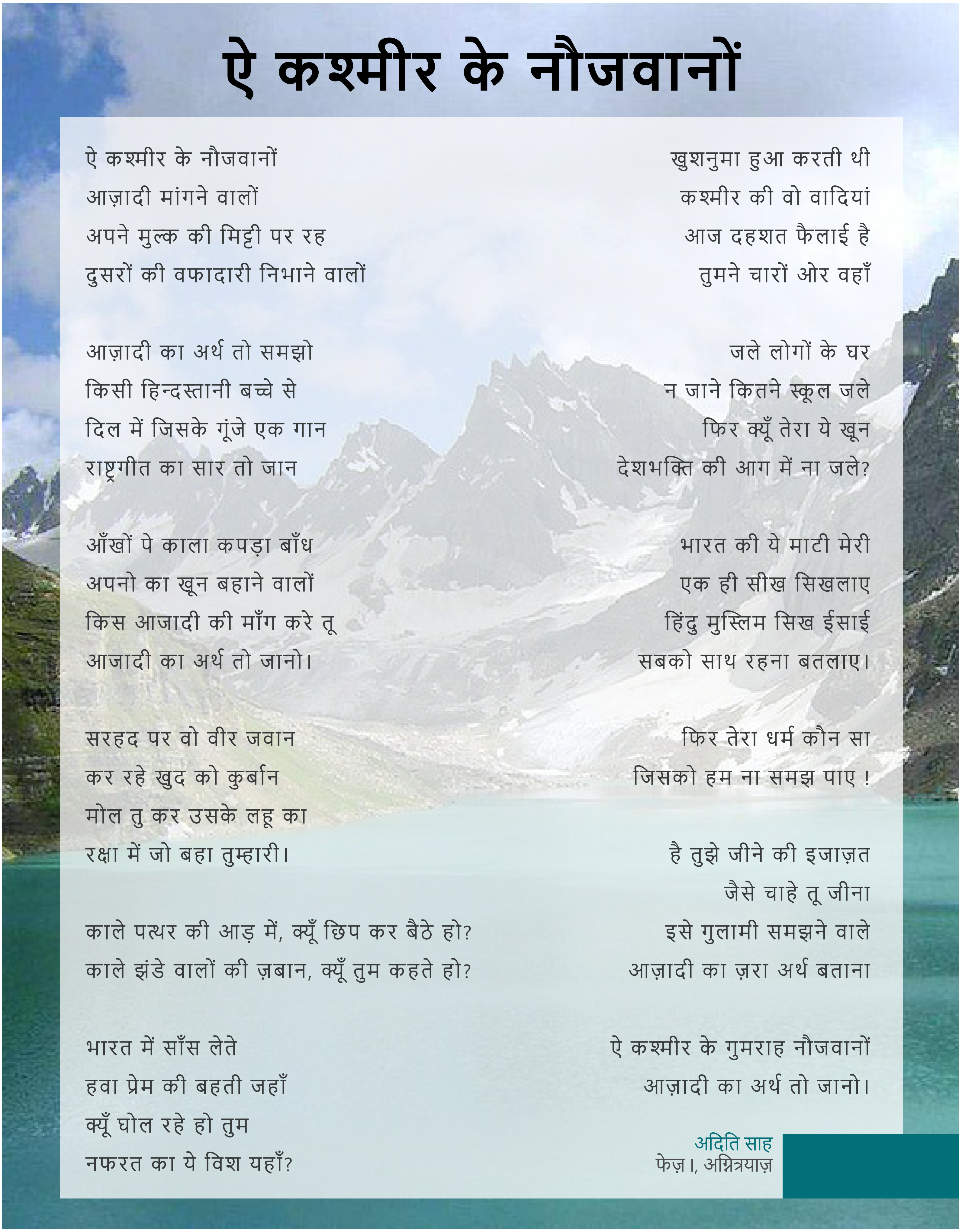
जब कोई घर से लाता उपहार ढेढ सारा
ठूठ पडो सभी चाहे बजे ग्यारा या बारा।
पता चले सहेली को हुआ है प्यार
संचालक बनते पिया के बार-बार
करते सारा दिन चीजें उटपटाँग
अच्छा हो या बुरा, मित्रों ने कभी ना छोड़ा संग॥

परीक्षा के पिछले दिन का वो रोना-धोना
ना नींद लगती थी, ना गले से उतरता खाना।
तभी मित्रों ने ही तो संभाला था रात-दिन
शुक्रिया उन सब को जिसने लौटाई मोरी चैन॥

पार्टी-शार्टी करते थकते कभी नहीं हम,
एक प्लेट पानी-पुरी से मिट जाते सारे गम।
थे नहीं समझदार तब, अकल नहीं थी ज्यादा
पर लगता है अभी, बडे होने का क्या फायदा॥

पीछे मुडकर देखूँ तो याद आती है वो शरारतें
हसी-मजाक, खेल, सिर्फ बातों से कटी राते।
टैम मशीन मिला तो जाना चाहती हूँ वापस
उन अनगिनत लम्हों को फिर से जीऊँ
अब यही एक ख्वायिश है बस।
अब यही एक ख्वायिश है बस॥

ऐश्वर्या सिंधूर
फेज़ III/I, अव्युकताज़



ऐ कश्मीर के नौजवानों

ऐ कश्मीर के नौजवानों
आज़ादी मांगने वालों
अपने मुल्क की मिट्टी पर रह
दुसरों की वफादारी निभाने वालों

आज़ादी का अर्थ तो समझो
किसी हिन्दस्तानी बच्चे से
दिल में जिसके गूंजे एक गान
राष्ट्रगीत का सार तो जान

आँखों पे काला कपड़ा बाँध
अपनो का खून बहाने वालों
किस आजादी की माँग करे तू
आजादी का अर्थ तो जानो।

सरहद पर वो वीर जवान
कर रहे खुद को कुर्बान
मोल तु कर उसके लहू का
रक्षा में जो बहा तुम्हारी।

काले पत्थर की आड़ में, क्यूँ छिप कर बैठे हो?
काले झंडे वालों की ज़बान, क्यूँ तुम कहते हो?

भारत में साँस लेते
हवा प्रेम की बहती जहाँ
क्यूँ घोल रहे हो तुम
नफरत का ये विश यहाँ?

खुशनुमा हुआ करती थी
कश्मीर की वो वादियां
आज दहशत फैलाई है
तुमने चारों ओर वहाँ

जले लोगों के घर
न जाने कितने स्कूल जले
फिर क्यूँ तेरा ये खून
देशभक्ति की आग में ना जले?

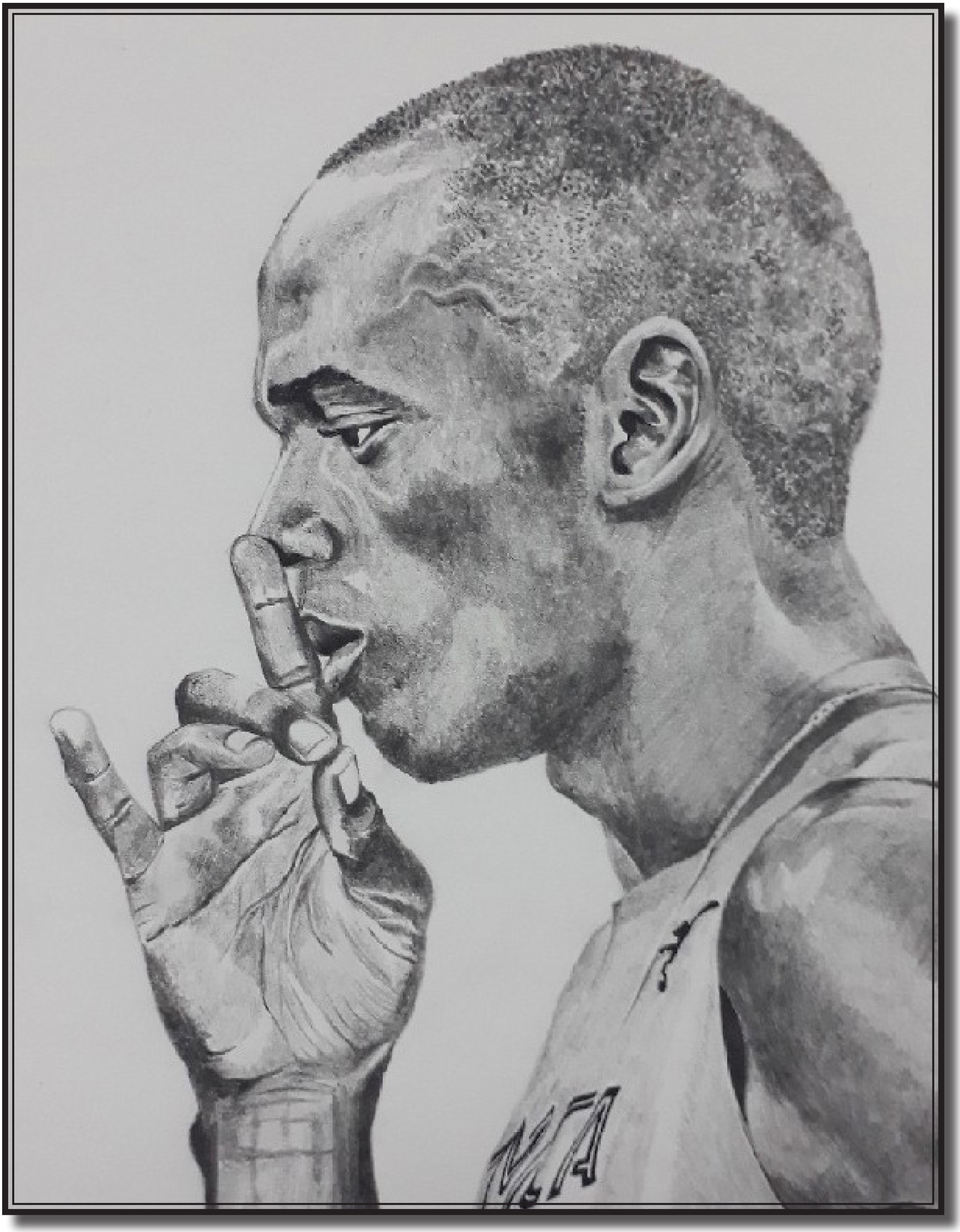
भारत की ये माटी मेरी
एक ही सीख सिखलाए
हिंदु मुस्लिम सिख ईसाई
सबको साथ रहना बतलाए।

फिर तेरा धर्म कौन सा
जिसको हम ना समझ पाए !

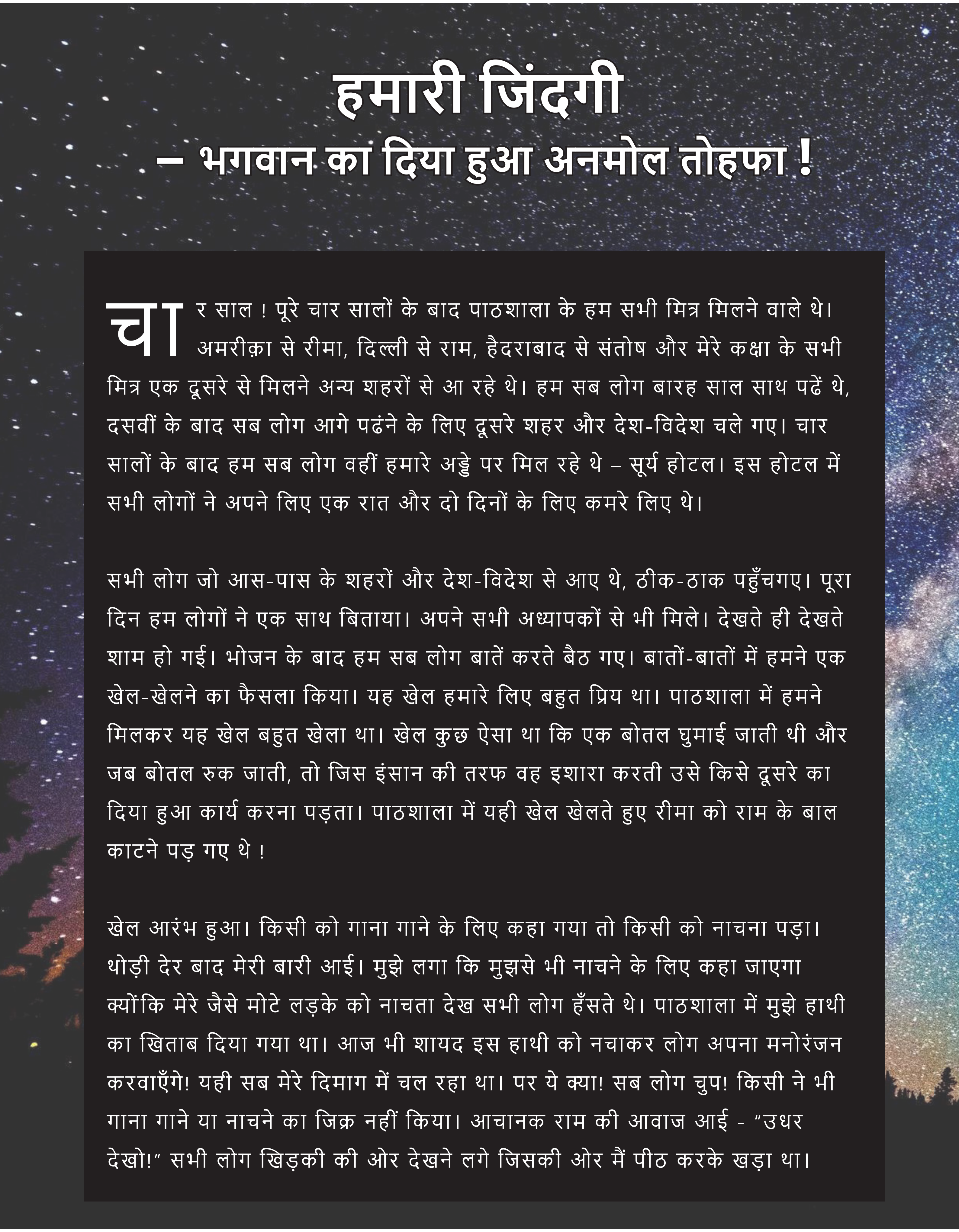
है तुझे जीने की इजाज़त
जैसे चाहे तू जीना
इसे गुलामी समझने वाले
आज़ादी का ज़रा अर्थ बताना

ऐ कश्मीर के गुमराह नौजवानों
आज़ादी का अर्थ तो जानो।

अदिति साह
फेज़ I, अग्नित्रयाज़



Kanthesh Katti
Phase III/II, Advitiyas.
ART WORK (Water color painting)



हमारी जिंदगी
– भगवान का दिया हुआ अनमोल तोहफा !

चार साल ! पूरे चार सालों के बाद पाठशाला के हम सभी मित्र मिलने वाले थे। अमरीक़ा से रीमा, दिल्ली से राम, हैदराबाद से संतोष और मेरे कक्षा के सभी मित्र एक दूसरे से मिलने अन्य शहरों से आ रहे थे। हम सब लोग बारह साल साथ पढ़े थे, दसवीं के बाद सब लोग आगे पढ़ने के लिए दूसरे शहर और देश-विदेश चले गए। चार सालों के बाद हम सब लोग वहीं हमारे अड्डे पर मिल रहे थे – सूर्य होटल। इस होटल में सभी लोगों ने अपने लिए एक रात और दो दिनों के लिए कमरे लिए थे।

सभी लोग जो आस-पास के शहरों और देश-विदेश से आए थे, ठीक-ठाक पहुँचगए। पूरा दिन हम लोगों ने एक साथ बिताया। अपने सभी अध्यापकों से भी मिले। देखते ही देखते शाम हो गई। भोजन के बाद हम सब लोग बातें करते बैठ गए। बातों-बातों में हमने एक खेल-खेलने का फैसला किया। यह खेल हमारे लिए बहुत प्रिय था। पाठशाला में हमने मिलकर यह खेल बहुत खेला था। खेल कुछ ऐसा था कि एक बोतल घुमाई जाती थी और जब बोतल रुक जाती, तो जिस इंसान की तरफ वह इशारा करती उसे किसे दूसरे का दिया हुआ कार्य करना पड़ता। पाठशाला में यही खेल खेलते हुए रीमा को राम के बाल काटने पड़ गए थे !

खेल आरंभ हुआ। किसी को गाना गाने के लिए कहा गया तो किसी को नाचना पड़ा। थोड़ी देर बाद मेरी बारी आई। मुझे लगा कि मुझसे भी नाचने के लिए कहा जाएगा क्योंकि मेरे जैसे मोटे लड़के को नाचता देख सभी लोग हँसते थे। पाठशाला में मुझे हाथी का खिताब दिया गया था। आज भी शायद इस हाथी को नचाकर लोग अपना मनोरंजन करवाएँगे! यही सब मेरे दिमाग में चल रहा था। पर ये क्या! सब लोग चुप! किसी ने भी गाना गाने या नाचने का जिक्र नहीं किया। आचानक राम की आवाज आई - “उधर देखो!” सभी लोग खिड़की की ओर देखने लगे जिसकी ओर मैं पीठ करके खड़ा था।

खिड़की की ओर मुड़ते है किसी ने पीछे से मेरे हाथ बाँधे और मुझे खिड़की की और धक्का दिया। मेरी आँखों की रोशनी भी अचानक से चली गई। किसी ने मेरी आँखों पर पट्टी बाँधी थी। पीछे से आवाज आई – "खिड़की खुली है और तुम्हें बस कूदना है।" एक ही क्षण में ऐसा लगा मानो मेरे दिमाग ने काम करना बंद कर दिया हो। मेरे हाँथ-पैर काँपने लगे, गला सूखने लगा। मैं हिम्मत जुटाकर कुछ कह पाता, उससे पहले ही किसी ने मेरे सिर पर बंदूक थमा दी। मैं चीखना चाहता था पर कुछ न कह सका। धीरे-धीरे मैं खिड़की की ओर बढ़ने लगा। खिड़की तक पहुँच गया। अब बस कूदना बाकी था। खिड़की तक चलते-चलते मैंने सभी से बहुत मिन्नतें की, कि मुझे बक्श दें – पर किसी ने मेरी बात नहीं मानी।

खिड़की के एक दम नजदीक खड़े होकर मुझे आभास हो गया था कि कूदने के बजाय मेरे पास कोई चारा नहीं था। मैंने भगवान से आखिरी बार प्रार्थना की। उनसे विनती की कि मेरे परिवार का वे ख्याल रखें। मैं बस कूदने ही वाला था कि पीछे से जोर से आवाज आई – "उठ जाओ सुबह के छः बजे हैं।" मैं चकित होकर पलंग से उठकर बैठ गया। आवाज मेरे फोन से आ रही थी। मुझे होश आया कि मैं सही सलामत घर पर हूँ और ये सब एक सपना था। सपना बहुत खौफनाक था पर मुझे पहली बार अपने जीवन के महत्व का पता चला। पहली बार मैंने इस जिंदगी के लिए भगवान का शुक्रिया किया और अपने काम पर जाने के लिए तैयार होने लगा।

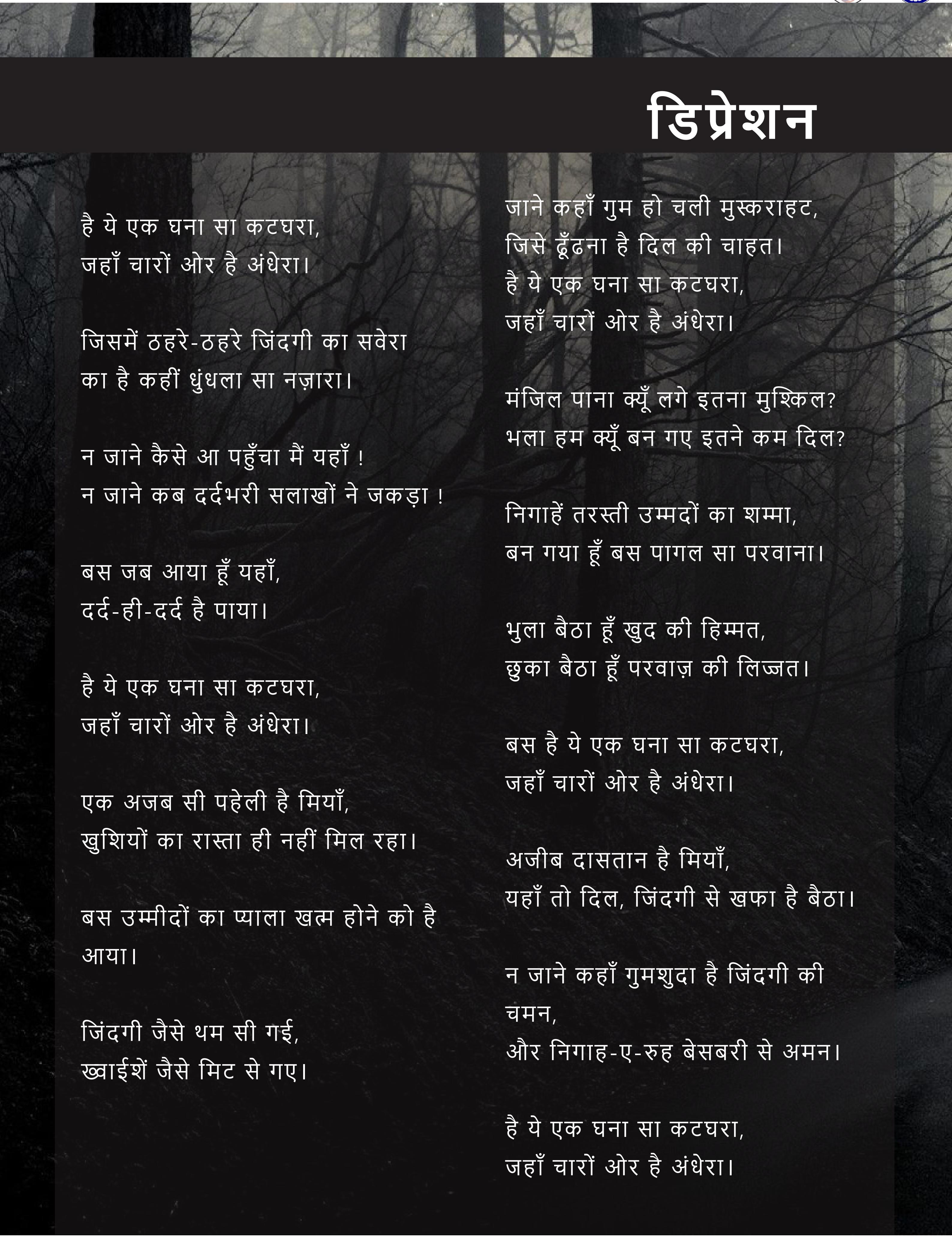
चैत्रा .बी .जी

फेज़ ।, अग्नत्रियाज़

Karthik Soudri

Phase I, Agnitrayas.

PHOTOGRAPHY.



डिप्रेशन

है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।

जिसमें ठहरे-ठहरे जिंदगी का सवेरा
का है कहीं धुंधला सा नज़ारा।

न जाने कैसे आ पहुँचा मैं यहाँ !
न जाने कब दर्दभरी सलाखों ने जकड़ा !

बस जब आया हूँ यहाँ,
दर्द-ही-दर्द है पाया।

है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।

एक अजब सी पहेली है मियाँ,
खुशियों का रास्ता ही नहीं मिल रहा।

बस उम्मीदों का प्याला खत्म होने को है
आया।

जिंदगी जैसे थम सी गई,
ख्वाईशें जैसे मिट से गए।

जाने कहाँ गुम हो चली मुस्कराहट,
जिसे ढूँढना है दिल की चाहत।
है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।

मंजिल पाना क्यूँ लगे इतना मुश्किल?
भला हम क्यूँ बन गए इतने कम दिल?

निगाहें तरस्ती उम्मदों का शम्मा,
बन गया हूँ बस पागल सा परवाना।

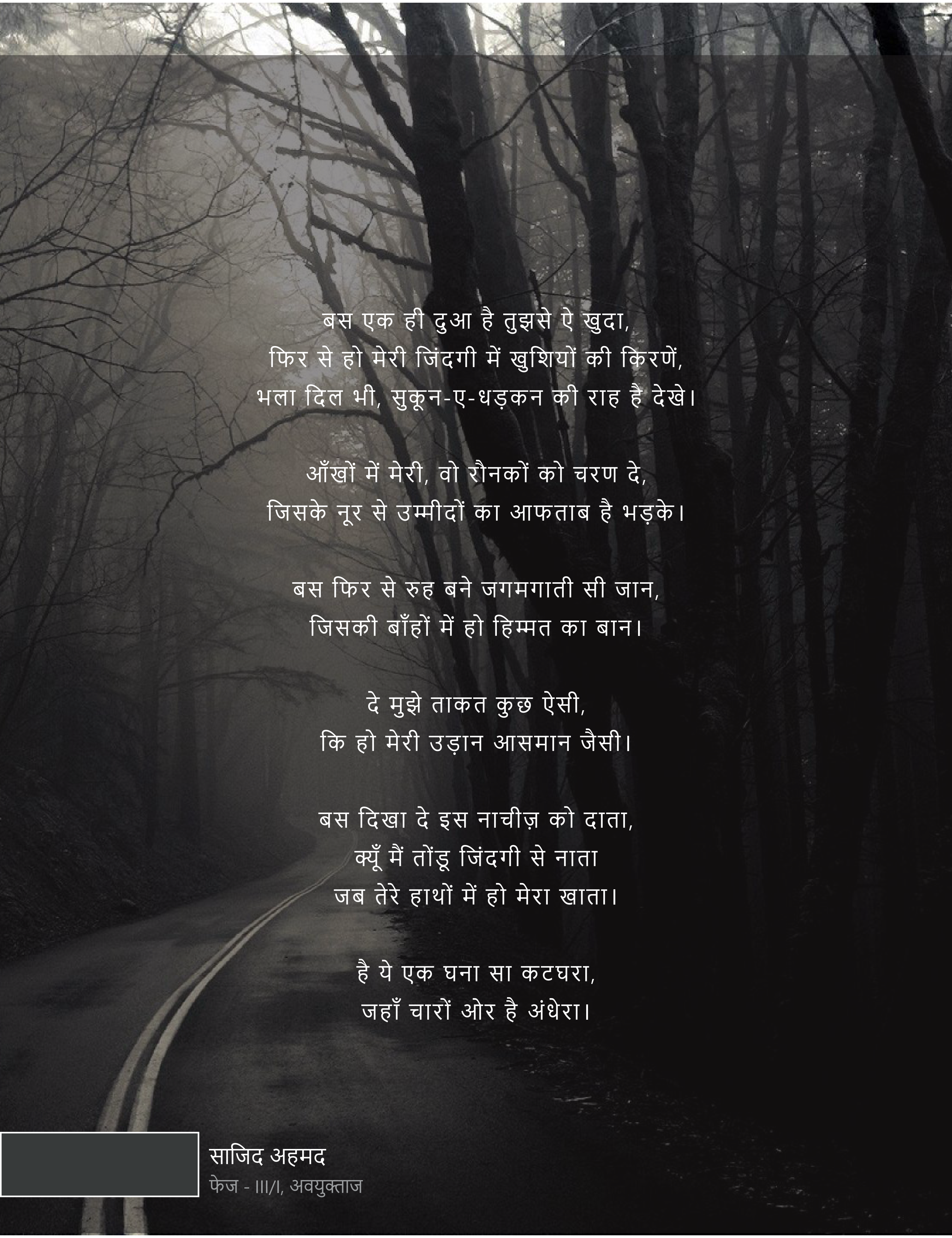
भुला बैठा हूँ खुद की हिम्मत,
छुका बैठा हूँ परवाज़ की लिज्जत।

बस है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।

अजीब दासतान है मियाँ,
यहाँ तो दिल, जिंदगी से खफा है बैठा।

न जाने कहाँ गुमशुदा है जिंदगी की
चमन,
और निगाह-ए-रुह बेसबरी से अमन।

है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।



बस एक ही दुआ है तुझसे ऐ खुदा,
फिर से हो मेरी जिंदगी में खुशियों की किरणें,
भला दिल भी, सुकून-ए-धड़कन की राह है देखे।

आँखों में मेरी, वो रौनकों को चरण दे,
जिसके नूर से उम्मीदों का आफताब है भड़के।

बस फिर से रुह बने जगमगाती सी जान,
जिसकी बाँहों में हो हिम्मत का बान।

दे मुझे ताकत कुछ ऐसी,
कि हो मेरी उड़ान आसमान जैसी।

बस दिखा दे इस नाचीज़ को दाता,
क्यूँ मैं तोंडू जिंदगी से नाता
जब तेरे हाथों में हो मेरा खाता।

है ये एक घना सा कटघरा,
जहाँ चारों ओर है अंधेरा।

साजिद अहमद
फेज - III/I, अवयुक्ताज

मेरी समय यात्रा

फिर गुज़र उन गलियों से,
एक ख्याल ज़हन में आया,
सबसे फिर रुबरु होने को,
मन मेरा ज़रा घबराया।

कॉलेज का वही मंज़र,
जैसे पहली बार देखा था,
वो वड़ा-पाव की खुशबू,
स्वाद जिसका समेटा था।

ये गलियारे याद हैं मुझको,
जुड़ी हैं यादें ढेर सारी,
उसको पहली बार मिला था,
जिसकी मुस्कान सबसे प्यारी।

जलपान गृह की ओर देखा तो,
जैसे दिखा अक़्स मेरा ही,
वो समोसे-कचौड़ी की लड़ाई,
"इस बार भी बिल तेरा ही"।
वो पुस्तकालय भी वहीं है,
हर किताब कहती अलग कहानी,
जिस पर मेरा नाम लिखा था,
उससे याद आई अपनी जवानी।

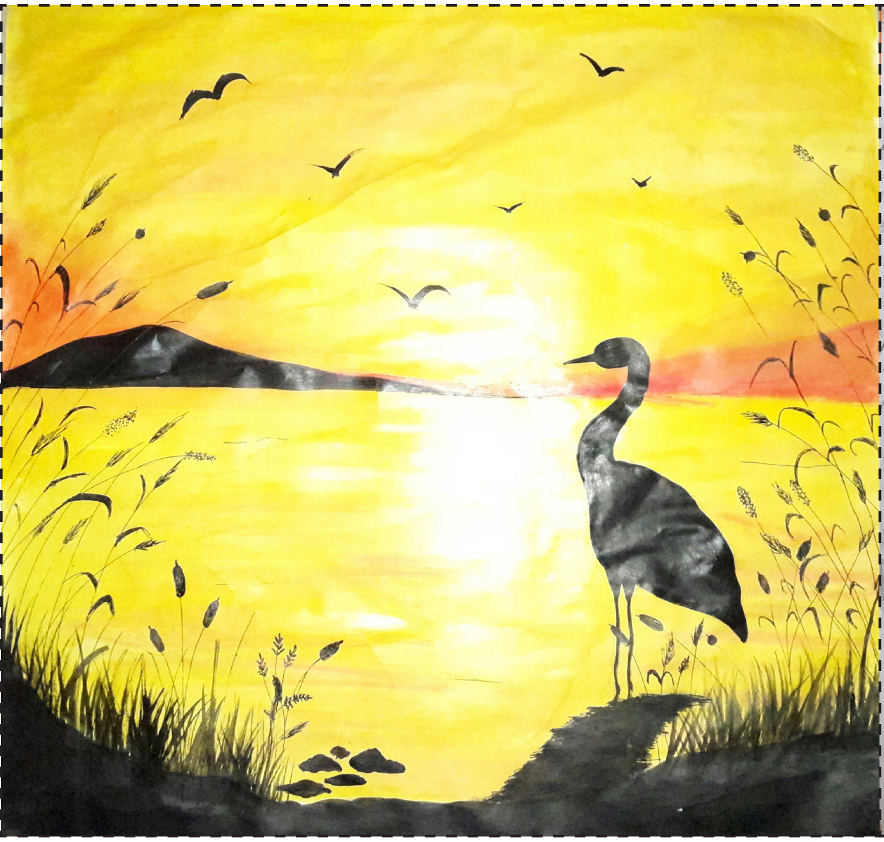
सभागार में जब पहुँचा,
जाने पहचाने चेहरे सब थे,
समय यात्रा जैसे पूरी हुई,
30 वर्ष भूत में अब थे।
बस चेहरे पे झुर्रियाँ आ गईं,
और हाथ में आई छड़ी,
नहीं बदला कुछ तो वो है,
हमारी दोस्ती गहरी बड़ी।

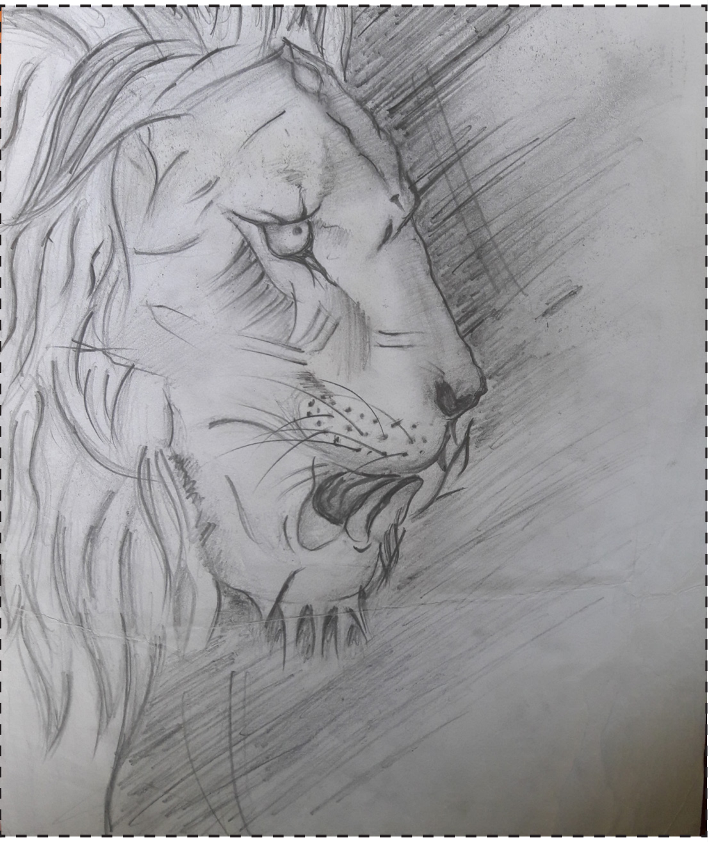
एक कोने में वो खड़ी थी,
बूँद जैसे ओस की,
पहले प्यार की याद दिलाती,
पर दूरी थी 10 कोस की।

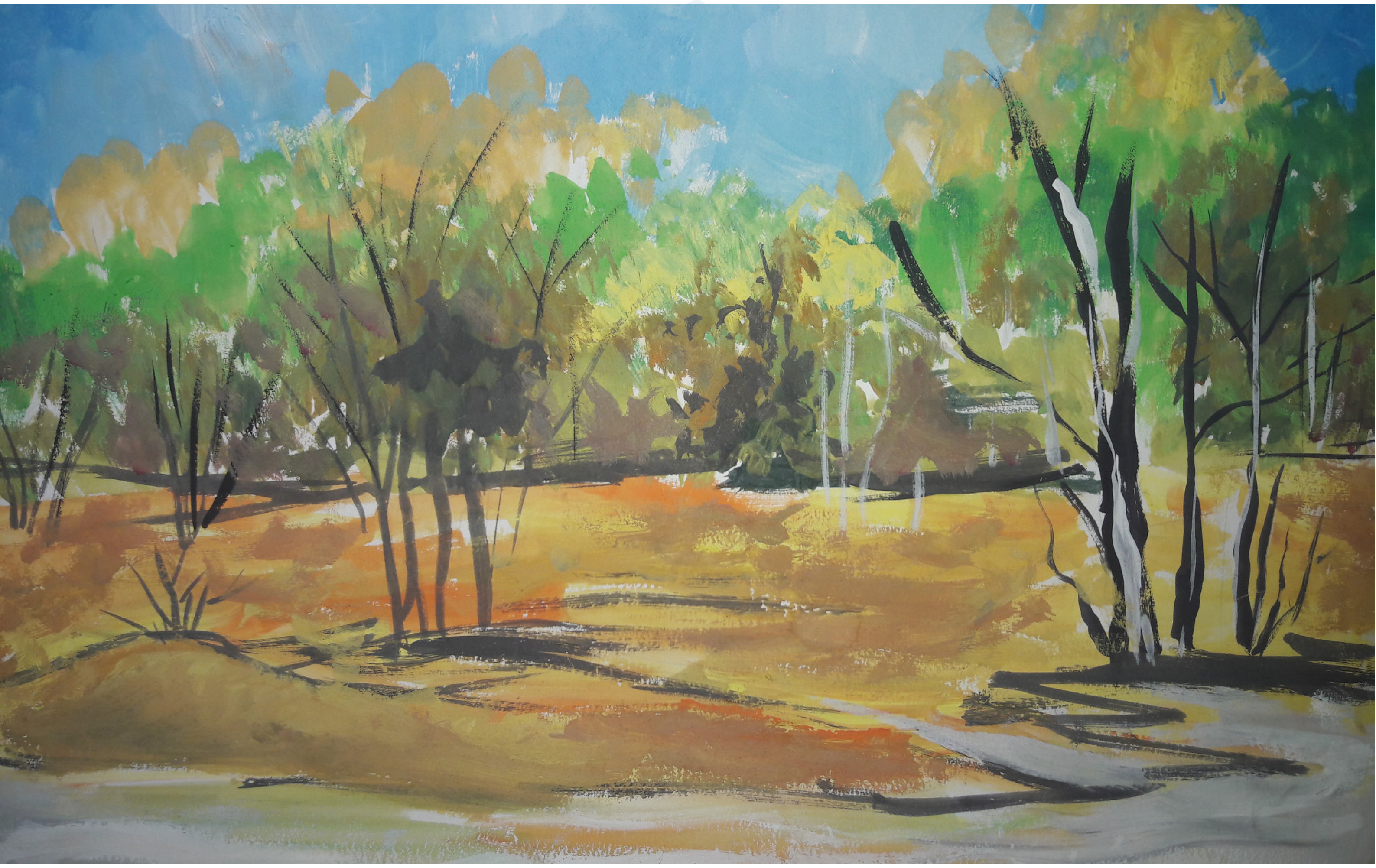
हँसी-खेल में बीता दिन,
अब जाने की बारी आई,
फिर मिलने का वादा करके,
सबने साथ तस्वीर खिंचवाई।

बाहर की ओर जाते-जाते,
एक ख्याल फिर ज़हन में आया,
इन चेहरों को फिर देखुँगा,
या ये आखिरी अलविदा कहलाया।

सोनाली अहूजा
ट्रोजियन्स







Pragyanshu Sharma
Phase I, Agnitrayas.
ART WORKS

STUDENT MAGAZINE

EVENT GALLERY

MAY 5th 2017 - VALEDICTORY AND INAUGRAL CEREMONY

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI
STUDENT'S ASSOCIATION 2017-18
Valedictory
2011

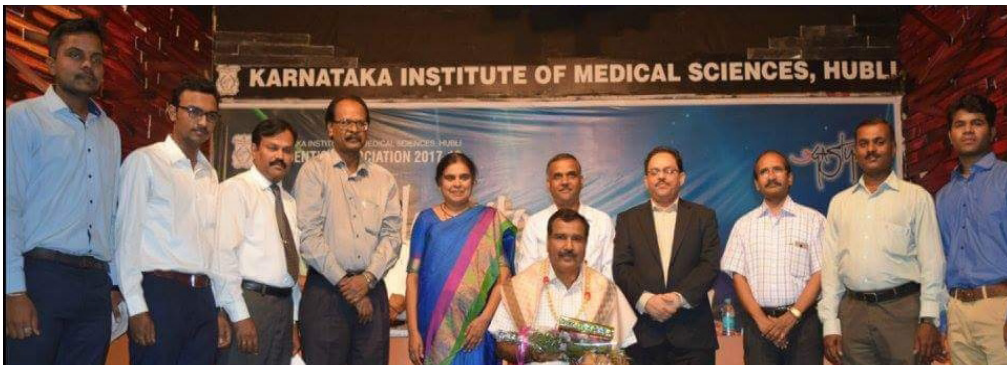
We the Advitiyas batch inaugurated the Students Association 2017 on the 5th of May 2017, Friday. The program was held at the Auditorium at 11 AM with the dignitaries as follows:

Dr. D.D.Bant, Director
Dr. K.F.Kammar, Principal
Dr. Shivappa Anurshetru, Medical Superintendent
Shri Basavaraj Somannaver, Chief Administrative Officer
Smt Rajashri ,FAO

The programme started with the invocation song and the lighting of the lamp, followed by the welcome speech. The secretaries read their yearly report. This was followed by a prize distribution programme.

Then, the main event, "Handing over Ceremony" was followed by oath taking ceremony for the office bearers of the Students' Association 2017. The secretaries of respective committees read the yearly Agenda which presented the new ideas and excitement of the upcoming association.

Then, the dignitaries addressed the gathering and the programme ended with the vote of thanks.


KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI

MAY 5TH 2017 - KGT - (KIMS GOT TALENT)

STUDENTS' ASSOCIATION 2016-17
Inaugural

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI
Valedictory

KARNATAKA INS UTE O AL SCIENCES, HUBLI

KARNATAKA INSTITUTE OF MEDICAL SCIENCES

Valedictory

IATION 2017-18

Valedictory

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI
STUDENT'S ASSOCIATION 2017-18

10-16TH MAY2017 - RABONA

It is an Argentinian term referring to kicking the ball with your legs crossed , with the kicking leg wrapped around the standing one .

The Sports Association 2017-18 kick started their events this year with KIMS Soccer League named RABONA with their fingers crossed .

It turned out to be a grand success with over 22 teams(11 each from boys & girls) competing against each other in an exciting 34 matches stretched over a period of nearly a week from 10th to 16th of May .

In the high octane-filled summit clash Team Sandesh from Troziens and Team Kavya from Avyukthas fared as the winners .

With the successful implementation of their first event the Sports Association is trying to make their time in the Association the most interesting and exciting ever in the history of our college.

JUNE 3rd 2017 - WORLD ENVIRONMENT DAY

youth for seva
experience the joy of giving
Hubballi

As a part of Environment day, we had organized a Poetry and Photography competition on June 3rd 2017, Saturday.

Making history in KIMS, we conducted a "Seed ball making event" for the first time in which all the students and staff prepared seed balls at the back of the auditorium with the help of YFS (Youth for Seva) Hubballi. The seed balls were then dispersed the following day.

On the morning of 4th of June, Sunday we conducted the Swachhata Abhiyan in our campus, Tug of War sport amongst the staff members and a street play was presented by our batch mates to create awareness about saving plants.

Many of our staff members contributed and adopted the plants of our campus and one student was allotted to each plant to care of them.

About 2000 seed balls were prepared and were properly thrown in and around the campus and distant places by the staff and our batch mates.

JUNE 21st 2017 - INTERNATIONAL YOGA DAY

STUDENTS' ASSOCIATION 2017-18
INTERNATIONAL YOGA DAY
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On June 21st, our college observed International Yoga Day, by conducting a yoga session at Administrative building hall at 6AM in the morning. The session was open to all students and staff. Yoga guru addressed about the importance of yoga in our daily life and taught us the Suryanamaskar and some basic asanas, followed by Bhajana and Meditation.

JULY 1st 2017 - DOCTOR'S DAY

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As a part of Doctor's day on July 1st 2017, the KSS (KIMS Scientific Society) conducted the MediQuiz for the students with a new and different outlook.

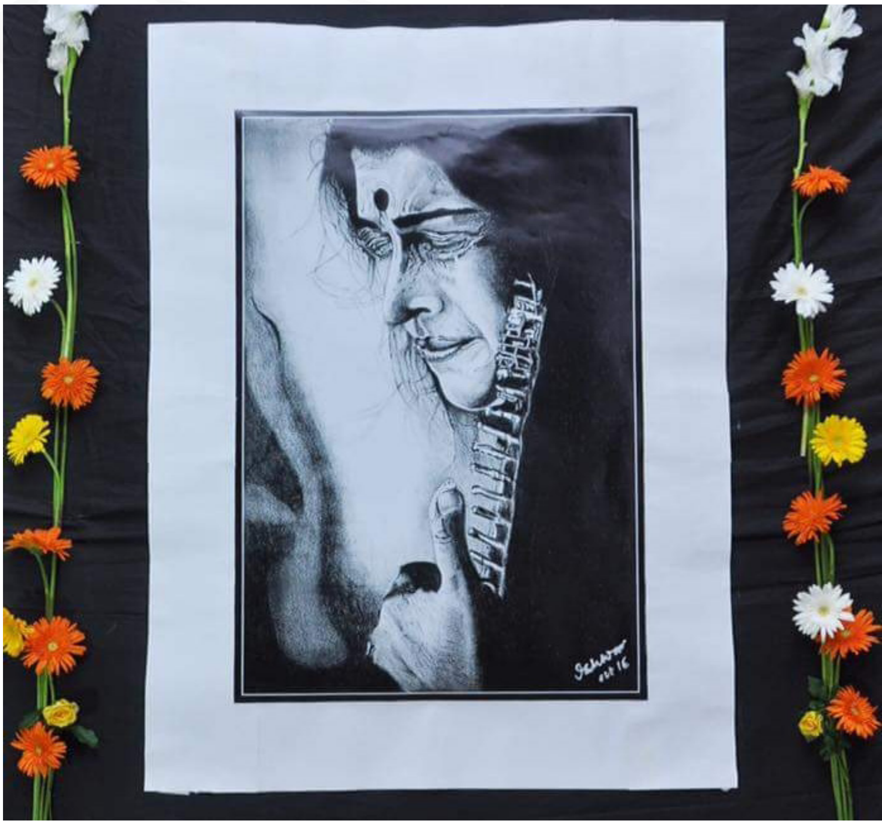
On the morning of 2nd July, Sunday, as a part of Doctor's day we conducted the "Walk-a-thon", from KIMS to Nrupatunga betta and back with placards and slogans to create awareness about health.

SEPTEMBER 6th 2017 - TEACHER'S DAY & FOUNDATION DAY

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ

Teacher's Day & Foundation day were observed on Sept 6th.The photo frames of all the founders of KIMS were garlanded by the Director &Principal as a token of respect from all of us. In the evening KIMS auditorium was all set to witness the performances by our teachers. Students of phase III hosted the program. Dr.S.Y.Mulkipatil spoke regarding the importance of teacher's day.

Teachers showed their talents which included singing, dancing, acting & fashion show. It was indeed a great day for all the students to see their multitalented teachers performing on stage.



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KIMS Teachers' Associ
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Teachers' Day

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THE FASHION SHOW PICTURES

(AUGEST 15th 2017) - Independence day

On August 15th , Karnataka Institute of Medical Sciences was all set to celebrate the 71st Independence day with full of patriotism. Students and teachers went on to wear Khadi dress to promote the craft of India. Dr. D.D.Bant sir presided the programme. The dignitaries (Director, Principal, Medical Superintendent & teachers) made their way to flag pole to hoist the flag.

(AUGEST 15th 2017) - World Thyroid Day

As a first in the history of KIMS, Scientific Society was formed, KSS — KIMS Scientific Society and inaugurated on the 25th of May 2017 at the Auditorium, 3PM.

The KSS was created to have a scientific forum in our college and to

have an academic awareness among the students.

On the same day, the first session was held —named 'Thyreodiea' on occasion of world thyroid day.

Clinically oriented talk was based on—

Clinical examination of thyroid swelling -
Dr.Gurushantappa Yalagachtin sir

Cytomorphology and histomorphology of thyroid lesion -
Dr.Purushottam Reddy sir

Prevention of Goitre -
Dr.Maneesha Godbole maam

25-29th Augest 2017 - AVIGNAVATARAN

No one would ever like to miss Ganesha Chaturthi celebrations at KIMS, every year. Lets get an insight into what we have done this year.

Medicos proved that they can even be artistic at times. Our artists have worked to their maximum potential. You can witness the pure magic in their hands that has made a wonderful masterpiece- Ardhanareshwara.

DAY-1 GANARAMBHA

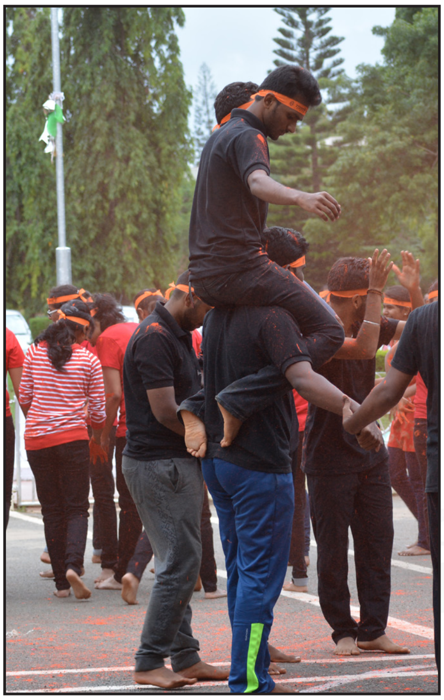
DAY-2 PARAMPARA Whole crowd was deessed up in traditional attires.. Deepotsava was in the later part of the day.

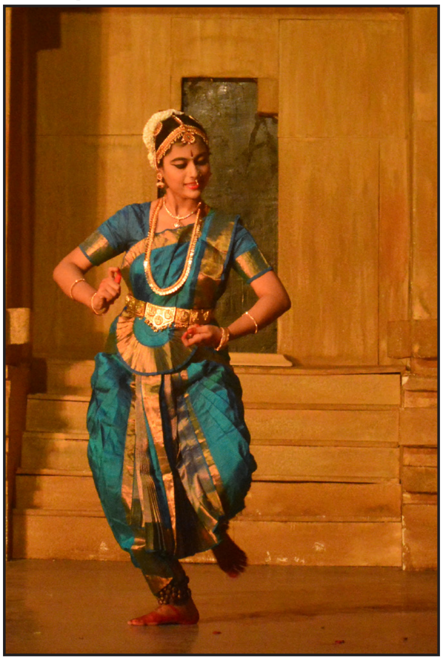
DAY -3 KRIDA YOGA .All were sportive enough and had an amazing experience.

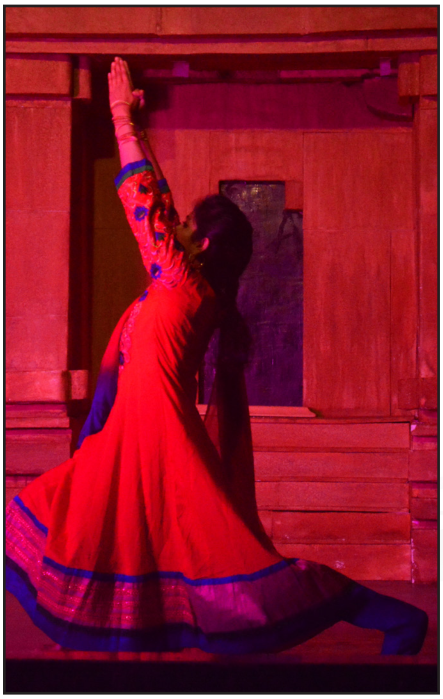
DAY 4- OOR JHA (...the energy unleashed.) This day had been exciting throughout. Starting with flash mob, it was an energetic one. Formal event- All our guests were welcomed. Followed by cultural events. Students exhibited lively performances. Dandiya Raas- Students danced enthusiastically and looked colourful in their attires.

DAY 5- GANAPATHI VISARJANE. Then comes the last day of our festival. Satyanarayana pooja was held in the morning. It was a festival which lifted everyone's spirits

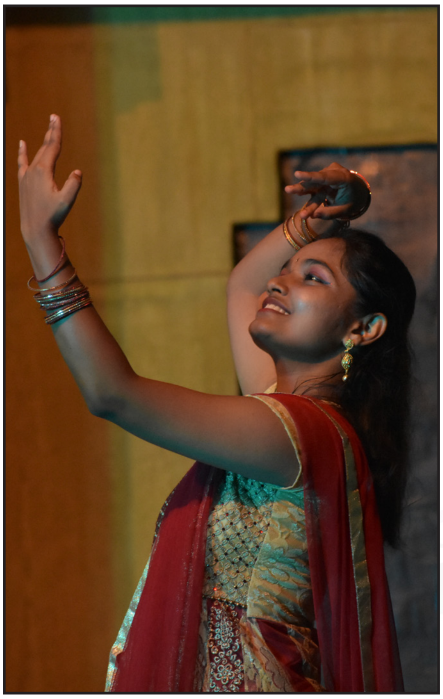
Pictures Courtesies : Adnan & Tausif .







ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ



JULY 29th 2017 - ಟಿ.ಪಿ. ಕೈಲಾಸಂ ದಿನಾಚರಣೆ

ಪಾರಂಪರಿಕವಾಗಿ ಕಿಮ್ಸ್ ನಲ್ಲಿ ನಡೆದು ಬಂದಿರುವ ಟಿ.ಪಿ. ಕೈಲಾಸಂ ದಿನಾಚರಣೆಯನ್ನು ಜುಲೈ 31ರಂದು ಕನ್ನಡ ಅಭಿವೃದ್ಧಿ ಸಂಘ (ಕನ್ನಡ ಮತ್ತು ಮಕ್ಕಳ ಇಲಾಖೆ) ಇವರ ಸಂಯೋಗದಿಂದ ನಡೆಸಲಾಯಿತು.

ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಡಾ. ಡಿ.ಡಿ. ಬಂಟ್‌ರವರು ಅಧ್ಯಕ್ಷತೆಯನ್ನು ವಹಿಸಿದ್ದರು. ಡಾ. ಕೆ.ಎಫ್. ಕಮ್ಮಾರ , ಪ್ರಾಂಶುಪಾಲರು ಮತ್ತು ಪಿ. ಸದಾನಚಿದ ಪಾಟೀಲ್, ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕನ್ನಡ ಮತ್ತು ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ ಉಪಸ್ಥಿತರಿದ್ದರು.

ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿ.ಪಿ. ಕೈಲಾಸಂ ರವರ ಜೀವನದ ಬಗ್ಗೆ ಹಾಗೂ ಹಾಸ್ಯ ಜೀವನವು ಎಷ್ಟು ಅತ್ಯಗತ್ಯ ಎಂಬುದರ ಕುರಿತು ಚಿಂತನೆ ನಡೆಸಲಾಯಿತು. ಟಿ.ಪಿ. ಕೈಲಾಸಂ ರವರ ದಿನಾಚರಣೆಯಂದು ಕನ್ನಡ ಹಬ್ಬದಲ್ಲಿ ನಡೆದ ಎಲ್ಲಾ ಸ್ಪರ್ಧೆಗಳಿಗೆ ಕನ್ನಡ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯವರು ಪ್ರಶಸ್ತಿ ಪತ್ರ ವಿತರಿಸಿದರು.

NOVEMBER 1st 2017 - ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವ

ಪ್ರತಿ ವರ್ಷದಂತೆ "ನಾಡಹಬ್ಬ"ವಾದ ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವವನ್ನು ನವೆಂಬರ್ 1ರಂದು ಕಿಮ್ಸ್ ಸಭಾಂಗಣದಲ್ಲಿ ಆಚರಿಸಲಾಯಿತು. ಕನ್ನಡಾಂಬೆಯ ಪೂಜೆಇಂದ ಶುರುವಾಗಿ, ಧ್ವಜಾರೋಹಣ, ನಾಡಗೀತೆ, ಗೊಂಬೆಕುಣಿತ, ಮೆರವಣಿಗೆಯನ್ನೆಲ್ಲಾ ನಡೆಸಲಾಯಿತು. ವೇದಿಕೆಯ ಮೇಲೆ ಡಾ. ಡಿ. ಡಿ. ಬಂಟ್, ಡಾ. ಕೆ.ಎಫ್. ಕಮ್ಮಾರ, ಡಾ. ರಾಮಲಿಂಗಪ್ಪ, ಡಾ. ರಾಜಶೇಖರ ದ್ಯಾಬೇರಿ ಉಪಸ್ಥಿತರಿದ್ದರು. ತದನಂತರ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಹಾಡು, ನೃತ್ಯ, ಬೀದಿನಾಟಕವನ್ನು ಪ್ರದರ್ಶಿಸುವುದರ ಮೂಲಕ ರಾಜ್ಯೋತ್ಸವವನ್ನು ವಿಜೃಂಭಣೆಯಿಂದ ಆಚರಿಸಲಾಯಿತು.

(MARCH 3rd & 4th) - SWARNADHYAYA (Graduation day)

The Troezianaz family gathered in front of college to celebrate the beginning of the most awaited day of their lives. It was symbolised by lighting lanterns and etching their handprints on the wall with different colours only to reflect their colourful lives in KIMS. Friends also made their mark on each other with signing of aprons.The cultural night! (March 2nd) One last time on the stage of KIMS. Everyone made their mark on stage. The audience were kept on the edge of the seat with one after the other beautiful rocking performances. From singing to dancing, from playing instruments to enacting our mbbs life, the evening filled with joy, happiness and smiles everywhere.(March 3rd) Began with the walk of fame. The Troezianz being the celebrities of the event. The graduation walk, the walk of their lives in our beautiful campus, it started.

With inspiring words of the chief guest Dr Shailesh Puntambekar, the standards were set for the coming future. Experiences shared by the students were not only relatable but were also made everyone emotional. Ending this best phase of their lives with one last photoshoot, with the joy of graduating in front of the college. Followed by evening with banquet dinner for all the family members and near and dear ones.

Report by : Dr.Shakthi Devi, Troezians.

KARNATAKA INSTITUTE OF MEDICAL SCIENCES
Certificate
Dr. SACHIN REDDY

re

ಕನ್ನಡ ಹಬ್ಬ

JULY 7th 2017

ಕನ್ನಡ ಸಂಸ್ಕೃತಿ, ಕಲೆ, ಭಾಷೆ ಬಗ್ಗೆ ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳಲ್ಲಿ ಅರಿವು ಮೂಡಿಸಲು, ಕನ್ನಡ ವಿದ್ಯಾರ್ಥಿ ಸಂಘದಿಂದ ಮತ್ತು ಕನ್ನಡ ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರ ಸಹಯೋಗದಿಂದ ಜುಲೈ 7 ಮತ್ತು 8 ರಂದು ಕಿಮ್ಸ್‌ನಲ್ಲಿ ಮೊತ್ತಮೊದಲನೆಯ ಬಾರಿ ಕನ್ನಡ ಹಬ್ಬವನ್ನು ಆಚರಿಸಲಾಯಿತು.

ಎರಡು ದಿನಗಳ ಕಾಲ ವಿಜೃಂಭಣೆಯಿಂದ ನಡೆದುಬಂದ ಕನ್ನಡ ಹಬ್ಬದ ಉದ್ಘಾಟನೆ ಜುಲೈ 7ರಂದು ಸಚಿಜೆ ಸುಮಾರು 4 ಗಂಟೆಗೆ ನಡೆಯಿತು. ಉದ್ಘಾಟನೆಯ ಸಮಯದಲ್ಲಿ ವೇದಿಕೆಯ ಮೇಲೆ ಡಾ. ಡಿ. ಡಿ. ಬಂಟ್ (ಕಿಮ್ಸ್ ನಿರ್ದೇಶಕರು), ಡಾ. ರಾಮಲಿಂಗಪ್ಪ (ಕಿಮ್ಸ್ ವೈದ್ಯಕೀಯ ಅಧೀಕ್ಷಕರು), ಡಾ. ಕೆ. ಎಫ್. ಕಮ್ಮಾರ್ (ಕಿಮ್ಸ್ ಪ್ರಾಂಶುಪಾಲರು), ಶ್ರೀ ಅಬ್ಬಯ್ಯ ಪ್ರಸಾದ (ಮಾನ್ಯ ಶಾಸಕರು, ಧಾರವಾಡ), ಶ್ರೀ ಬಸವರಾಜ ಹೊರಟ್ಟಿ (ಮಾನ್ಯ ಸಂಸದರು) , ಶ್ರೀ ಆರ್. ಸ್ನೇಹಲ್ (ಮಾನ್ಯ ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಣಾಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾ ಪಂಚಾಯತ್, ಧಾರವಾಡ) ಉಪಸ್ಥಿತರಿದ್ದರು. ಉದ್ಘಾಟನೆಯಲ್ಲಿ ಕನ್ನಡ ಸ್ಪರ್ಧೆಯಲ್ಲಿ ವಿಜೇತರಾದವರಿಗೆ, ಪ್ರಶಸ್ತಿ ವಿತರಿಸಲಾಯಿತು.

ಉದ್ಘಾಟನೆಯ ನಂತರ ಸಾಂಸ್ಕೃತಿಕ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರಿಂದ ಆಯೋಜಿಸಲಾಯಿತು.

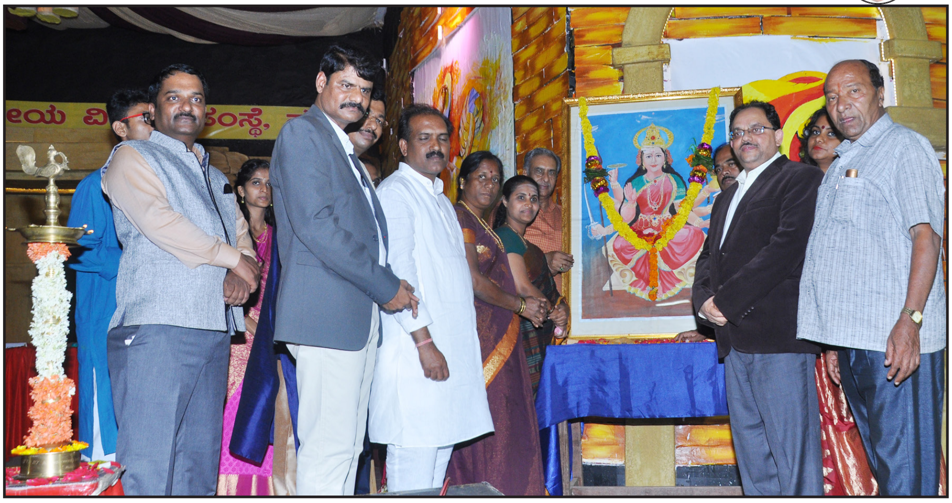
ಕನ್ನಡ ಹಬ್ಬದ ಎರಡನೆಯ ದಿನದ ಕಾರ್ಯಕ್ರಮ ಸಂಜೆ 8ಗಂಟೆಗೆ ಪ್ರಾರಂಭವಾಯಿತು. ಮುಖ್ಯ ಅತಿಥಿಗಳಾಗಿ ಶ್ರೀ ಜಯಂತ್ ಕಾಯ್ಕಿಣಿ ಯವರು ಆಗಮಿಸಿದ್ದರು. ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಕುರಿತು ತಮ್ಮ ಅಭಿಪ್ರಾಯ ವ್ಯಕ್ತಪಡಿಸಿ ಜ್ಞಾನಜೇನನ್ನು ಹಂಚಿದರು. ನಂತರ ವಿದ್ಯಾರ್ಥಿಗಳು ನೃತ್ಯ ಹಾಗೂ ನಾಟಕ ಪ್ರದರ್ಶನ ನೀಡಿದರು. ಇವರೊಂದಿಗೆ ಕನ್ನಡ ಸಂಸ್ಕೃತಿ ಇಲಾಖೆಯವರು ಕೈಜೋಡಿಸಿದರು. ದಿನದಂತ್ಯವು ನರ್ಸಿಂಗ್ , ಪ್ಯಾರ ಮೆಡಿಕಲ್ ಹಾಗೂ ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಾಂಸ್ಕೃತಿಕ ಕಾರ್ಯಕ್ರಮಗಳೊಂದಿಗೆ ಅಂತ್ಯ ಕಂಡಿತು.

ಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ

ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ

ಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ, ಹುಬ್ಬಳ್ಳಿ



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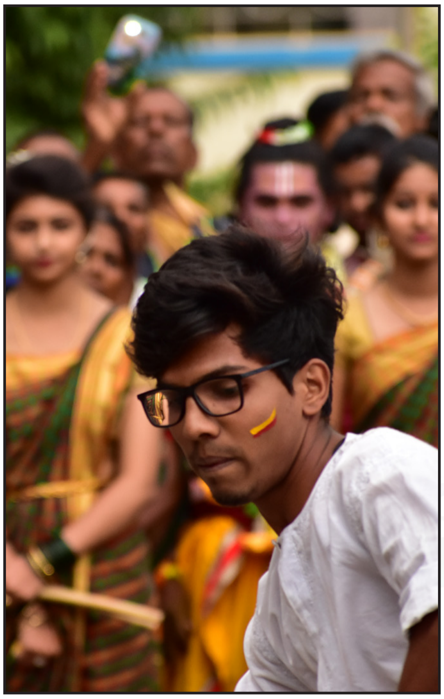

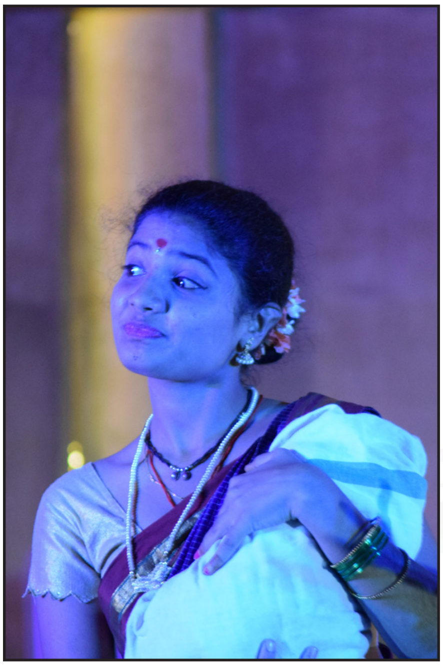

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19-22nd September 2017 - KALASPANDANA

This September,KIMS witnessed the intra-college cultural fest- *Kalaspandana* this time leaded by the L&C committee of SA-2k17 -

Chairman-Dr.Vijay Kamat, Vice chairman-Dr.Sunil Biradar, Secretary-Mr.Laxmiprasad and team. .

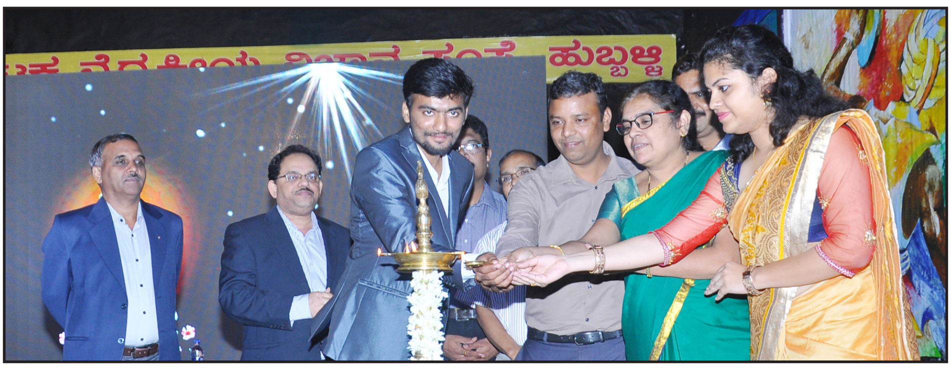
The fest was organised with more than 30 events - some exclusive for Kalaspandana while some to choose the best to represent KIMS in the forecoming *Manthan 2k17*. The opening event was the much enthusiastic and fun-filled one -Treasure Hunt on 17th September.The off-stage events were held from 17th-19th of September,paving way for visual entertainment on 20th and 21st.A good number of young artists did wonders with their skills and many showed up their outstanding work in literary section. To add more fun to the fest,there were gaming events,eating competition and one-minute games. On the evening of 20th September - a formal function was conducted to officially inaugurate the function. There was the start of on-stage performances full of cheer and competition.The audience were well treated with beautiful melodies,dances and entertaining mock-press. On the 21st of September,there was the speaking arts and dramatics events,dancing and singing events and the most entertaining Spot dance and Face-off.

Participation was in good numbers from all the batches.Active participation really increases the chances to win.Bagging prizes in various events,Mr.Sajid Ahmed of Avyukthas won the title Mr.Kalaspandana and Ms.Keerthi Pai of Avyukthas won the Ms.Kalaspandana. With more energy and enthusiasm scoring a lead in points *Avyukthas * became the champion batch of Kalaspandana 2k17.

The honors were done by Dr.Vijay Kamat,Dr.Sanjay Neeralgi and Dr.Sunil Biradar after which though the program came to an end the celebration did not end,it just calmed down for the event on the next day with larger number of people of KIMS HOSTING MANTHAN . . .

Kala Spandana '17
ember, 2017 KIMS, Hubballi
DR. VIJAY KAMAT
DR. K. F. KAMMAR

Kala Spandana '17
DR. VIJAY KAMAT
DR. K. F. KAMMAR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Karnataka Institute of Medical Sciences, Hubballi
Students' Association 2017-18
Kala Spandana'17

Champions

ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ

Kala Spandana '17

Kala Spandana '17

Kala Spandana

Karnataka Institute of Medical Sciences, Hubballi
Students' Association 2017-18
20th & 21st September, 2017 KIMS, Hubballi

Kala Spandana '17

Karnataka Institute of Medical Sciences, Hubballi
Students' Association 2017-18
Kala
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idents' Association 2017-18
Kala
ndana

Mr. & Miss. KALASPANDANA 2k17

Champion Batch - KALASPANDANA 2k17

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AVYUKTHAS

22-24th September 2017 - MANTHAN

MANTHAN
KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBBALLI
MANTHAN 2K17

The amalgamation of cultural, sports and academics- MANTHAN 2017, the inter-collegiate feat was back in our college KIMS after 3 long years. The event was lead by the L&C committee of SA-2k17 - Chairman-Dr.Vijay Kamat, Vice chairman-Dr.Sunil Biradar, Secretary-Mr.Laxmiprasad and team, and other committees of the Student's association.

The nail biting competition and energy was unmatched. The second day of Manthan was indeed star-studded. With the team of the movie Bharjari glamming up the night to the our guest judges who lit the dance floor on fire! . This event had the special guests for the night Mr. Vinayak Joshi and Mr. Niranjan Deshpande as the judges.

It was indeed a unique show in itself. . Each performance was amazingly choreographed and co-ordination was exemplary.

The themes for the Fashion show was 'Famous paintings coming to life' and 'Carnival'. The shows took us to another world, each painting was beautifully depicted in ways we couldn't imagine. The Champion college of Manthan 2017 was bagged by Sharavathi Dental College, Shimoga. The organising batch of Manthan- Advitiyas came together on stage and had a celebratory moment. Indeed three unforgettable days!

Scan the QR code to access the COMPLETE photo gallery of MANTHAN 2k17 !

Manthan 17

Manthan 17

Manthan 17

22nd - 24th September, 2017

Manthan 17

22nd - 24th Sept
017 KIMS, Hubballi

Manthan

Manthan 17

Students' Association 2017-18
Manthan 17

Manthan 17
Karnataka Institute of Medical Sciences, Hubballi
Manthan 2k17

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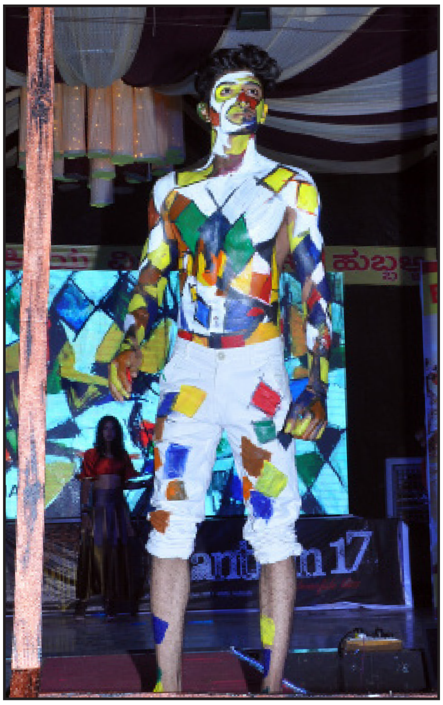

BHARJARI
24-09-2017
₹ 25,000-00
Five Thousand

Champion College - Sharavathi Dental College, Shimoga, Karnataka.

3rd Febraury 2018 - Oneric Fiesta (Freshers Day 2k18)

KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI
STUDENTS' ASSOCIATION
2018

Formal Function

A splendid morning welcomed the guests as they set foot into the hallway of our college. The enthusiastic atmosphere was carried into the auditorium where all were seated. “Oneiric Fiesta - Dare to Dream” was announced as the event name. With the same spirit, the lighting of the lamp proceeded as an auspicious moment. The revealing of our batch name “AGNITRAYAS” literally set fire to the stage. The batch name perfectly relayed our feelings, followed by our batchmates expressing their journey in this prestigious institution. Our inspiring teachers handed each of us a rose as a token of love. They further stimulated our minds with their motivational words. The morning was concluded with a mandatory photo session of the ladies in saris and the gentlemen in suits.

Cultural Function

The breezy evening was buzzing with energy as everyone got ready for the cultural events. The auditorium was packed with a crowd eagerly waiting for the fun to begin. The stage was decorated perfectly in tone with the event's theme. The performances were inaugurated by a stunning solo dance that got everyone to their feet. This was followed by dances, songs, instrumentals and skits that brought out the hidden talents in each and every student. The night progressed with spontaneous anchoring that brought a touch of comedy and interaction with the audience. A delicious buffet dinner was served to all. This wonderful night came to an end with the much-awaited fashion show which was truly a unique "play of cards". The event concluded satisfactorily with the stage set on fire and our hearts filled with happiness.

10-14th march 2018 -

FUTSAL

The 4-days long event was organised by the KIMS Football Club which was sponsored by Dr. Sameer Belvi, the troezian interns and the Postgraduates of KIMS from the 11th of March 2018. The students of KIMS showed active participation, unleashing their passion and love for the game. Over 15 teams participated, awards were presented to the winners and the top goal scorer at the valedictory conducted at the KIMS SPORTS GROUND on the evening of 14th March. The conduct of the event aimed to promote the culture of football and importance of adopting a sports activity in ones life. With regular training sessions being held at KIMS Sports Ground, the KIMS FOOTBALL CLUB seems to be on the rise and keen on being victorious in the competitions that follow.

SYNAPSE

GENERAL ACTIVITIES

LITERALLY & CULTURAL

SPORTS

ಕನ್ನಡ ಸಂಘ

CO-OPS

MAGAZINE

SCIENTIFIC SOCIETY

SYNAPSE

CHECK OUT OUR STUDENT PAGE , FOR MORE CONTENTS FROM THE CAMPUS INSIDERS.

- Event showcase
- Photo gallery (events)
- Art gallery
- Literature section
- Updates on college events & much more...

[Click on the icons / Scan the QR code to jump to the page ;)]

JOIN US ...

Explore more contents from the students of KIMS in our Student page.

ORGANISING BATCH 2017-18 - ADVITIYAS

KARNATAKA INSTITUTE OF MEDICAL SCIENCES,
HUBBALLI.

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KARNATAKA INSTITUTE OF MEDICAL SCIENCES HUBLI

BATCH OF 2014

Magazine Committee 2017-18

MAY 2018

Picture courtesy: Dr.sourabh.joshi

CALLOSUM 18'

Th-e-Magazine

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Magazine Issue May 2018 , issued by the Magazine committtee 2017-18. ®

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